| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| EASTERN DISTRICT OF MICHIGAN                    | -                             |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | Chapter 7                     |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | art 1: Identify Yourself   |   |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|
|     |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):                                      |  |  |  |  |
| 1.  | Your full name   |   |  |  |  |  |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Marvin First name  L. Middle name  Smoot Last name and Suffix (Sr., Jr., II, III) | Katrice First name  N. Middle name  Smoot Last name and Suffix (Sr., Jr., II, III) |  |  |  |  |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | FKA Katrice Clinkscales   | FKA Katrice N Clinksscales   |  |  |  |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-1398   | xxx-xx-1871  |  |  |  |  |

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|----|---|---|--|--|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ■ I have not used any business name or EINs.   |  |  |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |  |  |
|    |   | EINs  | EINs   |  |  |
| 5. | Where you live  | 8322 Manor  | If Debtor 2 lives at a different address:  |  |  |
|    |   | Detroit, MI 48204  Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |  |  |
|    |   | Wayne   |  |  |  |
|    |   | County  | County   |  |  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I<br>have lived in this district longer than in any other<br>district.                 |  |  |
|    |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|    |   |   |  |  |  |

|  | otor 1<br>otor 2       | Marvin L. Smoot<br>Katrice N. Smoot   |                   |   |   |                                   | Case number                                   | er (if known)  |  |
|--|------------------------|---|-------------------|---|---|-----------------------------------|---|--|--|
|  |                        |   |                   |   |   |                                   |   |  |  |
| Par  | t 2:                   | Tell the Court About \  | our Bank          | ruptcy Case   |   |                                   |   |  |  |
| 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                        |   |                   |   |   | 342(b) for Individuals Filir      | ng for Bankruptcy                             |  |  |
| choosing to file under  Chapter 7  |                        |   |                   |   |   |                                   |   |  |  |
|  |                        |   | ☐ Chapt           | er 11   |   |                                   |   |  |  |
|  |                        |   | ☐ Chapt           | er 12   |   |                                   |   |  |  |
|  |                        |   | ☐ Chapt           | er 13   |   |                                   |   |  |  |
| 8.   | How                    | you will pay the fee  | abo<br>ord<br>a p | out how you may<br>er. If your attorne<br>re-printed addres | pay. Typically, if your submitting yours.                     | u are paying the r payment on you | fee yourself, you n<br>ur behalf, your attor  | erk's office in your local con<br>nay pay with cash, cashie<br>rney may pay with a cred                                  | er's check, or money<br>it card or check with  |
|  |                        |   |                   |   | <b>ee in installments.</b><br>s <i>tallment</i> s (Official F |                                   | is option, sign and a                         | attach the Application for   | Individuals to Pay                             |
|  |                        |   | but<br>app        | is not required to<br>dies to your famil                    | o, waive your fee, a<br>y size and you are                    | nd may do so onlunable to pay the | ly if your income is<br>e fee in installments | are filing for Chapter 7. B<br>less than 150% of the off<br>s). If you choose this option<br>B) and file it with your pe | ficial poverty line that on, you must fill out |
| 9.   | Have                   | you filed for ruptcy within the   | ■ No.             |   |   |                                   |   |  |  |
|  |                        | 3 years?  | ☐ Yes.            |   |   |                                   |   |  |  |
|  |                        |   |                   | District  |   |                                   |   | _ Case number  |  |
|  |                        |   |                   | District  |   | When                              |   | _ Case number  |  |
|  |                        |   |                   | District  |   | When                              |   | _ Case number  |  |
| 10.  |                        | any bankruptcy<br>s pending or being  | ■ No              |   |   |                                   |   |  |  |
|  | filed<br>not f<br>you, | by a spouse who is<br>iling this case with<br>or by a business<br>ner, or by an | ☐ Yes.            |   |   |                                   |   |  |  |
|  |                        |   |                   | Debtor  |   |                                   |   | Relationship to you  |  |
|  |                        |   |                   | District  |   | When                              |   | Case number, if known  |  |
|  |                        |   |                   | Debtor  |   |                                   |   | Relationship to you  |  |
|  |                        |   |                   | District  |   | When                              |   | Case number, if known  |  |
| 11.  | Do y                   | ou rent your  | □ No.             | Go to line 12.  |   |                                   |   |  |  |
|  |                        | lence?  | Yes.              |   | llord obtained an ev  | viction judgment a                | against you?                                  |  |  |
|  |                        |   | - 165.            | ·   | o to line 12  | . 0                               |   |  |  |

bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

|     | otor 1 Marvin L. Smoot Katrice N. Smoot   |          |                                      |   | Case number (if known)  |  |  |  |
|-----|---|----------|--------------------------------------|---|---|--|--|--|
| Par | t 3: Report About Any Bu  | sinesses | You Own                              | as a Sole Proprie                       | tor   |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.    | o. Go to Part 4.                     |   |   |  |  |  |
|     |   | ☐ Yes.   | ☐ Yes. Name and location of business |   |   |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |          | Name                                 | of business, if any                     |   |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |          |                                      | er, Street, City, Stat                  |   |  |  |  |
|     | it to this petition.  |          | _                                    |   | x to describe your business:  |  |  |  |
|     |   |          |                                      |   | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|     |   |          |                                      | · ·                                     | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|     |   |          |                                      | •                                       | efined in 11 U.S.C. § 101(53A))   |  |  |  |
|     |   |          |                                      | -                                       | r (as defined in 11 U.S.C. § 101(6))  |  |  |  |
|     |   |          |                                      | None of the above                       |   |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline | s. If you ir<br>ns, cash-fl          | dicate that you are ow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |  |  |  |
|     | For a definition of small   | ■ No.    | I am r                               | ot filing under Chap                    | oter 11.  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.    | I am f<br>Code                       |   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |
|     |   | ☐ Yes.   | I am f                               | iling under Chapter                     | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |
| Par | t 4: Report if You Own or   | Have Any | / Hazardo                            | ous Property or An                      | y Property That Needs Immediate Attention   |  |  |  |
| 14. | Do you own or have any property that poses or is  | ■ No.    |                                      |   |   |  |  |  |
|     | alleged to pose a threat of imminent and identifiable hazard to   | ☐ Yes.   | What is                              | the hazard?                             |   |  |  |  |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |          |                                      | liate attention is why is it needed?    |   |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |          | Where is                             | s the property?                         |   |  |  |  |
|     |   |          |                                      |   | Number, Street, City, State & Zip Code  |  |  |  |
|     |   |          |                                      |   |   |  |  |  |

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

|      | tor 1 Marvin L. Smoot<br>tor 2 Katrice N. Smoot  |   |  |  | Case number   | er (if known)   |  |  |
|------|--|---|--|--|---|---|--|--|
| Part | 6: Answer These Quest  | ons for Rep                                 | orting Purposes  |  |   |   |  |  |
| 16.  | What kind of debts do you have?  |   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by a individual primarily for a personal, family, or household purpose."          |  |   |   |  |  |
|      |  | I   | ☐ No. Go to line 16b.  | •  |   |   |  |  |
|      |  | ı   | Yes. Go to line 17.  |  |   |   |  |  |
|      |  |   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |   |   |  |  |
|      |  | I   | ☐ No. Go to line 16c.  |  |   |   |  |  |
|      |  | I   | ☐ Yes. Go to line 17.  |  |   |   |  |  |
|      |  | 16c. S                                      | State the type of debts you o  | owe that are not consu                         | mer debts or busines  | ss debts  |  |  |
| 17.  | Are you filing under Chapter 7?  | □ No. I                                     | am not filing under Chapter  | 7. Go to line 18.                              |   |   |  |  |
|      | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured | <b>–</b> 165.                               | am filing under Chapter 7. I<br>are paid that funds will be av<br>■ No<br>□ Yes  |  |   | perty is excluded and administrative expenses?  |  |  |
|      | creditors?   |   |  |  |   |   |  |  |
| 18.  | How many Creditors do you estimate that you owe?   | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999 |  | ☐ 1,000-5,000<br>☐ 5001-10,00<br>☐ 10,001-25,0 | 0   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |  |  |
| 19.  | How much do you estimate your assets to be worth?  | □ \$100,00                                  | 0,000<br>- \$100,000<br>11 - \$500,000<br>11 - \$1 million   |  |   | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |
| 20.  | How much do you estimate your liabilities to be?   | □ \$100,00                                  | 0,000<br>1 - \$100,000<br>11 - \$500,000<br>11 - \$1 million   | \$50,000,00                                    | - \$10 million<br>1 - \$50 million<br>1 - \$100 million<br>01 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |  |  |
| Par  | :7: Sign Below   |   |  |  |   |   |  |  |
| For  | you  | I have exa                                  | mined this petition, and I dec   | clare under penalty of                         | perjury that the inforr   | mation provided is true and correct.  |  |  |
|      |  |   |  |  |   | , under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.  |  |  |
|      |  |   | ey represents me and I did I<br>I have obtained and read th  |  |   | ot an attorney to help me fill out this   |  |  |
|      |  | I request re                                | elief in accordance with the   | chapter of title 11, Unit                      | ed States Code, spe   | ecified in this petition.   |  |  |
|      |  | bankruptcy<br>and 3571.                     | case can result in fines up  |  | onment for up to 20 y   | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519                                    |  |  |
|      |  | /s/ Marvii<br>Marvin L                      | L. Smoot   |  | /s/ Katrice N. Sr<br>Katrice N. Smoo  |   |  |  |
|      |  | Signature of                                |  |  | Signature of Debto  |   |  |  |
|      |  | Executed of                                 | December 18, 2019<br>MM / DD / YYYY  |  |   | cember 18, 2019   |  |  |

| Debtor 1 | Marvin L. Smoot  |  |
|----------|------------------|--|
| Debtor 2 | Katrice N. Smoot |  |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ John A. Steinberger                | Date          | December 18, 2019       |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY          |
| John A. Steinberger P30812             |               |                         |
| Printed name                           |               |                         |
| John A. Steinberger & Associates P.C.  |               |                         |
| Firm name                              |               |                         |
| 17515 West Nine Mile Rd.               |               |                         |
| Suite 420                              |               |                         |
| Southfield, MI 48075                   |               |                         |
| Number, Street, City, State & ZIP Code |               |                         |
| Contact phone <b>248-559-4055</b>      | Email address | john@steinbergerlaw.com |
| P30812 MI                              |               |                         |
| Bar number & State                     |               | <del></del>             |

| FIII | in this informa                            | tion to identify your case:   |                      |  |               |   |      |
|------|--|---|----------------------|--|---------------|---|------|
| Del  | btor 1                                     | Marvin L. Smoot   |                      |  |               |   |      |
| Del  | btor 2                                     | First Name N Katrice N. Smoot   | Middle Name          | Last Name  |               |   |      |
| 1    | ouse if, filing)                           |   | Middle Name          | Last Name  |               |   |      |
| Uni  | ited States Bank                           | ruptcy Court for the: EAST  | ERN DISTRICT O       | F MICHIGAN   |               |   |      |
| Car  | se number                                  |   |                      |  |               |   |      |
| 1    | nown)                                      |   |                      |  | _             | Check if this is an amended filing          |      |
|      |  |   |                      |  |               |   |      |
| Of   | ficial For                                 | n 106Sum  |                      |  |               |   |      |
| Su   | mmary of                                   | Your Assets and L   | iabilities an        | d Certain Statistical Informat   | ion           | 12/15                                       |      |
| info | rmation. Fill ou                           | t all of your schedules first;  | then complete th     | are filing together, both are equally respons<br>e information on this form. If you are filing a<br>the box at the top of this page. |               |   | ile  |
| Par  | rt 1: Summa                                | ize Your Assets   |                      |  |               |   |      |
|      |  |   |                      |  |               | <b>/our assets</b><br>/alue of what you owr | 1    |
| 1.   |  | : <b>Property</b> (Official Form 106, 55, Total real estate, from Sch |                      |  | :             | \$  | 0.00 |
|      | 1b. Copy line                              | 62, Total personal property, fro                                      | om Schedule A/B      |  |               | \$11,600                                    | ).00 |
|      | 1c. Copy line                              | 63, Total of all property on Sch                                      | nedule A/B           |  |               | \$11,600                                    | ).00 |
| Par  | rt 2: Summa                                | ize Your Liabilities  |                      |  |               |   |      |
|      |  |   |                      |  |               | Our liabilities  Amount you owe             |      |
| 2.   |  | Creditors Who Have Claims Section of the Column A, A                  |                      | (Official Form 106D) the bottom of the last page of Part 1 of Schedul  | le D          | \$1,636                                     | 5.00 |
| 3.   |  | Creditors Who Have Unsecutotal claims from Part 1 (priorit            |                      | Form 106E/F)<br>s) from line 6e of <i>Schedule E/F</i>   |               | \$  | 0.00 |
|      | 3b. Copy the                               | total claims from Part 2 (nonpi                                       | riority unsecured cl | aims) from line 6j of Schedule E/F   |               | \$58,713                                    | 3.12 |
|      |  |   |                      | Your total liab  | oilities \$_  | 60,349.1                                    | 2    |
| Par  | rt 3: Summa                                | ize Your Income and Expens  | ses                  |  |               |   |      |
| 4.   |  | our Income (Official Form 106Inbined monthly income from li           |                      | <i>I</i>   |               | \$ 3,324                                    | l.00 |
| 5.   |  | our Expenses (Official Form 1 nthly expenses from line 22c c          |                      |  | ;             | \$3,324                                     | 1.00 |
| Par  | rt 4: Answer                               | These Questions for Admini  | strative and Stati   | stical Records   |               |   |      |
| 6.   |  | for bankruptcy under Chap<br>have nothing to report on this           |                      | neck this box and submit this form to the court v  | with your oth | her schedules.                              |      |
| 7.   | <ul><li>Yes</li><li>What kind of</li></ul> | debt do you have?   |                      |  |               |   |      |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

| Debtor 1 | Marvin L. Smoot  |
|----------|------------------|
| Debtor 2 | Katrice N. Smoot |

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,080.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | aim      |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 2,862.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 2,862.00 |

|            | or 1   | Marvin L. Smoot               |          |  |                 |                                   |   |
|------------|--|-------------------------------|----------|--|-----------------|-----------------------------------|---|
|            |  | First Name                    | Middle   | Name Last Name   |                 |                                   |   |
|            | or 2<br>se, if filing)                             | Katrice N. Smoot First Name   | Middle   | Name Last Name   |                 |                                   |   |
|            |  |                               |          |  |                 |                                   |   |
| ınıte      | ed States Bar                                      | nkruptcy Court for the:       | ASTERN   | DISTRICT OF MICHIGAN   |                 |                                   |   |
| ase        | e number   |                               |          |  |                 | [<br>]                            | ☐ Check if this is a<br>amended filing            |
| Off        | icial Fo   | rm 106A/B                     |          |  |                 |                                   |   |
| SC         | hedule   | e A/B: Prope                  | erty     |  |                 |                                   | 12/15   |
| Part<br>Do |  | ave any legal or equitable in |          | her Real Estate You Own or Have an Interest In iny residence, building, land, or similar property?                         |                 |                                   |   |
|            | _  | ere is the property?          |          |  |                 |                                   |   |
| .1         |  |                               |          | What is the property? Check all that apply   | Do not ded      | uct secured clair                 | ms or exemptions. Put                             |
| -          | Street address, if available, or other description |                               |          | ☐ Single-family home   |                 |                                   | claims on Schedule D: s Secured by Property.      |
|            | Circle address, if available, or other accomplish  |                               |          | ☐ Duplex or multi-unit building Currer   |                 | lue of the                        | Current value of the                              |
| -          | City   | State                         | ZIP Code | Condominium or cooperative   | entire property | Derty?                            | portion you own?<br>\$                            |
|            |  |                               |          | ☐ Manufactured or mobile home  |                 |                                   |   |
|            |  |                               |          | Land   |                 |                                   |   |
|            |  |                               |          | ☐ Investment property ☐ Timeshare  |                 |                                   |   |
|            |  |                               |          | ☐ Other  | Danasila 4      | h                                 |   |
|            |  |                               |          | Who has an interest in the property? Check one   | (such as fo     |                                   | ur ownership interest<br>ncy by the entireties, c |
|            |  |                               |          | Debtor 1 only  |                 |                                   |   |
|            |  |                               |          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   |                 |                                   |   |
| -          | County   |                               |          | _  | 11              | c if this is comn<br>nstructions) | nunity property                                   |
| _          | County   |                               |          | At least one of the debtors and another  | `               | ,                                 |   |
| -          | County   |                               |          | At least one of the debtors and another  Other information you wish to add about this item property identification number: | `               | ,                                 |   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| 3.1 Make: Jeep Who has an interest in the property? Check one Model: Patriot Debtor 1 only Debtor 2 only  Approximate mileage: 125,000  Who has an interest in the property? Check one the amount of any secured claims the amount of any secured claims of the property? Check one the property? Check one the property? Check one the amount of any secured claims of the property? Check one the pr |   |
|--|---|
| 3.1 Make: Jeep Who has an interest in the property? Check one Model: Patriot Debtor 1 only Current value of the amount of any secured claims of the amount of the amount of any secured claims of the amount of the am |   |
| Model: Patriot Year: 2009 Approximate mileage: 125,000  With has all interest in the property? Check one the amount of any secured cla Creditors Who Have Claims St.  Current value of the Current value of the entire property?   |   |
| Approximate mileage: 125,000 Debtor 1 and Debtor 2 only entire property? po  | ims on Schedule D:  |
|  | rrent value of the ortion you own?                                |
| Check if this is community property (see instructions) \$5,000.00  | \$5,000.00  |
| 3.2 Make: Chrysler Who has an interest in the property? Check one Model: Sebring Debtor 1 only Debtor 2 only Current value of the Course of the Course of the Course of the Amount of any secured claims of the Amount of any secured claims of the Amount of any secured claims of the Course of the Co | ims on Schedule D:<br>ecured by Property.                         |
| Current value of the Cu  | rrent value of the<br>ortion you own?                             |
| Check if this is community property (see instructions)  \$1,000.00   | \$1,000.00  |
| 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here  | \$6,000.00  |
| Part 3: Describe Your Personal and Household Items   |   |
| <b>porti</b><br>Do ni<br>claim   | ent value of the ion you own? ot deduct secured as or exemptions. |
| <ul> <li>6. Household goods and furnishings         Examples: Major appliances, furniture, linens, china, kitchenware         □ No         ■ Yes. Describe</li> </ul>  |   |
| Household Goods  | \$1,200.0   |
| <ul> <li>7. Electronics         Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; including cell phones, cameras, media players, games         □ No         ■ Yes. Describe     </li> </ul>   | electronic devices  |
| Electronics  | \$500.0   |
|  |   |

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

| Debtor :  |   |  |   |
|-----------|---|--|---|
| □ Ye      | es. Describe  |  |   |
| Exar      | musical ins   | tographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a                | and kayaks; carpentry tools;  |
| ■ No □ Ye | amples: Pistols, rif<br>o<br>es. Describe<br>thes<br>amples: Everyday | les, shotguns, ammunition, and related equipment clothes, furs, leather coats, designer wear, shoes, accessories |   |
|           | es. Describe  | Apparal  | \$250.00  |
|           |   | Apparel  | \$250.00  |
|           |   | Apparel  | \$250.00  |
|           | amples: Everyday  | jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g  Jewelry           | gold, silver\$50.00   |
|           |   | Jewelry  | \$300.00  |
| Exa       | n-farm animals<br>namples: Dogs, cate<br>o<br>es. Describe            | s, birds, horses  2 Dogs   | \$0.00  |
| ■ No      | -   | and household items you did not already list, including any health aids you did not list                         |   |
|           |   | e of all of your entries from Part 3, including any entries for pages you have attached it number here           | \$2,550.00  |
|           | Describe Your Fine  |  |   |
| Do you    | own or have any   | legal or equitable interest in any of the following?   | Current value of the portion you own?  Do not deduct secured claims or examplians |

|     | ebtor 1<br>ebtor 2              |                          | n L. Smoo<br>e N. Smoo         |                              |  |  | Case number (if known)   |                                |
|-----|---------------------------------|--------------------------|--------------------------------|------------------------------|--|--|--|--------------------------------|
|     | □ No                            |                          |                                | •                            | our wallet, in your ho                                       | •  | it box, and on hand when you file your petit   | tion                           |
|     |                                 |                          |                                |                              |  |  | Cash   | \$50.00                        |
|     | Examp<br>□ No                   |                          | cking, savin<br>tutions. If yo |                              |  | ounts; certificates of<br>with the same instit<br>Institution na |  | houses, and other similar      |
|     |                                 |                          | 1                              | 17.1.                        | Checking   | Huntingtor   | 1  | \$100.00                       |
|     |                                 |                          | 1                              | 17.2.                        | Checking   | Comerica   |  | \$0.00                         |
|     |                                 |                          | 1                              | 17.3.                        | Checking   | Huntingtor   | 1  | \$350.00                       |
| 18. | Examµ<br>■ No                   |                          | d funds, inve                  | estme                        | ly traded stocks ent accounts with bro Institution or issuer | okerage firms, mone  | y market accounts  |                                |
|     | joint v<br>■ No                 | enture                   |                                | ation                        | interests in incorporation about themne of entity:           |  | porated businesses, including an interest of the second se | st in an LLC, partnership, and |
|     | Negoti<br>Non-ne<br>■ No        | iable instr<br>egotiable | <i>ument</i> s incl            | lude p<br>s are f<br>ation a | ersonal checks, cas<br>those you cannot tra                  | shiers' checks, promi  | gotiable instruments<br>issory notes, and money orders.<br>y signing or delivering them.   |                                |
| 21. | Examp<br>■ No                   | oles: Inter              | account se                     | , ERIS                       | SA, Keogh, 401(k), 4   | 103(b), thrift savings<br>Institution na                         | accounts, or other pension or profit-sharing   | g plans                        |
|     | Your s<br><i>Exam</i> µ<br>□ No | hare of al               | ements witl                    | eposit                       | s you have made so   | public utilities (electi   | nue service or use from a company<br>ric, gas, water), telecommunications compa<br>me or individual:   | nies, or others                |

| Debtor 1<br>Debtor 2    | Marvin L.<br>Katrice N |  |  | Case number (if known)           |   |
|-------------------------|------------------------|--|--|----------------------------------|---|
|                         |                        | Rental deposit   | Security Deposit   |                                  | \$650.00  |
| 23. <b>Annu</b><br>■ No | ities (A contrad       | ct for a periodic payment of mon   | ey to you, either for life or for a nu   | umber of years)                  |   |
|                         |                        | Issuer name and description.   |  |                                  |   |
| 26 U.S<br>■ No          |                        | 1), 529A(b), and 529(b)(1).  | qualified ABLE program, or undended in the control of a separately file the records of a |                                  |   |
| ■ No                    | -                      |  | other than anything listed in line   |                                  | ercisable for your benefit  |
|                         |                        | s, trademarks, trade secrets, a<br>domain names, websites, procee                                | nd other intellectual property<br>eds from royalties and licensing ag                    | greements                        |   |
| ☐ Yes                   | . Give specific        | c information about them   |  |                                  |   |
| Exan<br>■ No            | nples: Building        | es, and other general intangibl<br>permits, exclusive licenses, coop<br>c information about them | <b>es</b><br>perative association holdings, liqu   | or licenses, professional licens | ses   |
|                         |                        |  |  |                                  |   |
| Money o                 | r property ow          | ed to you?   |  |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. <b>Tax r</b> o      | efunds owed t          | o you  |  |                                  |   |
| ■ Yes                   | . Give specific        | information about them, including  | ng whether you already filed the re  | eturns and the tax years         |   |

2019 Tax refunds \$1,900.00

29. **Family support** *Examples*: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 $\hfill \square$  Yes. Give specific information.....

| Debto<br>Debto |                     | Marvin L. Smoot Katrice N. Smoot                                  |   | Case number (if known)                                      |   |
|----------------|---------------------|---|---|---|---|
|                |                     |   |   | enefits, sick pay, vacation pay, workers' comper            | nsation, Social Security  |
|                | No                  |   |   |   |   |
|                | Yes.                | Give specific information   |   |   |   |
|                |                     |   |   |   |   |
|                |                     |   |   |   |   |
| _E             | zamp                | ets in insurance policies<br>oles: Health, disability, or life in | nsurance; health savings account                                  | t (HSA); credit, homeowner's, or renter's insuran           | nce   |
|                | No                  | Nieuw (b. Carringa)   | and an alternative and the first state of the                     |   |   |
| -              | res.                |   | of each policy and list its value.  ny name:                      | Beneficiary:  | Surrender or refund   |
|                |                     |   | ny namo:  | 20.10.10.10.1   | value:  |
|                |                     | Term  |   |   | \$0.00  |
|                |                     |   |   |   | <u> </u>  |
| lf<br>s∈       | you a<br>omeo<br>No |   | e you from someone who has d<br>rust, expect proceeds from a life | lied<br>insurance policy, or are currently entitled to rece | eive property because   |
|                |                     |   |   |   |   |
|                |                     |   |   |   |   |
|                | No                  | Describe each claim   | lisputes, insurance claims, or righ                               | iis to sue  |   |
|                | <b>ther c</b><br>No | contingent and unliquidated                                       | claims of every nature, includi                                   | ing counterclaims of the debtor and rights to               | set off claims  |
| _              |                     | Describe each claim   |   |   |   |
| _              | <b>ny fin</b><br>No | nancial assets you did not al                                     | ready list  |   |   |
|                |                     | Give specific information   |   |   |   |
| _              | 100.                | Give opeoine information  |   |   |   |
|                |                     |   |   |   |   |
|                |                     |   |   | 1   |   |
|                |                     |   |   | any entries for pages you have attached                     | \$3,050.00  |
| Part 5         | Des                 | scribe Any Business-Related Pr                                    | operty You Own or Have an Interes                                 | st In. List any real estate in Part 1.                      |   |
|                | -                   | own or have any legal or equital                                  | ole interest in any business-related                              | property?   |   |
| _              |                     | Go to line 38.  |   |   |   |
|                |                     |   |   |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 20 A           |                     | nte roccivable er commissis                                       | ane vou alroady sarrad  |   |   |
| 38. A          | ccoui               | nts receivable or commission                                      | ns you aiready earned   |   |   |
|                | No                  |   |   |   |   |

| Debtor 1<br>Debtor 2 | Marvin L. Smo<br>Katrice N. Smo |   |                           |
|----------------------|---------------------------------|---|---------------------------|
| ☐ Yes.               | Describe                        |   |                           |
|                      |                                 | nings, and supplies<br>ed computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, ch | nairs, electronic devices |
| □ No<br>□ Yes.       | Describe                        |   |                           |
| 40. Machii           | nerv. fixtures. equi            | pment, supplies you use in business, and tools of your trade  |                           |
| □ No                 | Describe                        |   |                           |
|                      |                                 |   |                           |
| 41. Invent           | Describe                        |   |                           |
| 42. Interes          | sts in partnerships             | or joint ventures   |                           |
| □ No<br>□ Yes.       | Give specific inform            | nation about them   |                           |
| ☐ No.                | _                               | sts, or other compilations  nally identifiable information (as defined in 11 U.S.C. § 101(41A))?                    |                           |
|                      | □ No<br>□ Yes. Describe         |   |                           |
| 44. <b>Any b</b> ı   | usiness-related pro             | pperty you did not already list   |                           |
| □ No<br>□ Yes.       | Give specific inform            | nation  |                           |
|                      |                                 | all of your entries from Part 5, including any entries for pages you have attached mber here                        |                           |
|                      |                                 | d Commercial Fishing-Related Property You Own or Have an Interest In. erest in farmland, list it in Part 1.         |                           |
|                      | u own or have any Go to Part 7. | legal or equitable interest in any farm- or commercial fishing-related property?                                    |                           |
| _                    | s. Go to line 47.               |   | Current value of the      |

Current value of the portion you own?

Do not deduct secured

| Debtor 1 Debtor 2 Marvin L. Smoot Katrice N. Smoot  | Case number (if known) |                       |
|---|------------------------|-----------------------|
|   |                        | claims or exemptions. |
| 47. Farm animals  Examples: Livestock, poultry, farm-raised fish  |                        |                       |
| □ No □ Yes  |                        |                       |
|   |                        |                       |
| 48. Crops—either growing or harvested   |                        |                       |
| ☐ No ☐ Yes. Give specific information   |                        |                       |
|   |                        |                       |
| 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade                                       |                        |                       |
| □ No □ Yes  |                        |                       |
|   |                        |                       |
| 50. Farm and fishing supplies, chemicals, and feed  |                        |                       |
| □ No □ Yes  |                        |                       |
|   |                        |                       |
| 51. Any farm- and commercial fishing-related property you did not already list  |                        |                       |
| ☐ No ☐ Yes. Give specific information   |                        |                       |
|   |                        |                       |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for part 6. Write that number here     |                        |                       |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above                                  |                        |                       |
| 53. Do you have other property of any kind you did not already list?<br>Examples: Season tickets, country club membership |                        |                       |
| ■ No  |                        |                       |
| ☐ Yes. Give specific information  |                        |                       |
|   |                        |                       |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here                                       |                        | \$0.00                |

Debtor 1 Marvin L. Smoot
Debtor 2 Katrice N. Smoot

Case number (if known)

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |             |
|------|--|-------------|------------------------------|-------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$0.00      |
| 56.  | Part 2: Total vehicles, line 5                               | \$6,000.00  | _                            |             |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,550.00  |                              |             |
| 58.  | Part 4: Total financial assets, line 36                      | \$3,050.00  |                              |             |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |             |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |             |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |             |
| 62.  | Total personal property. Add lines 56 through 61             | \$11,600.00 | Copy personal property total | \$11,600.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$11,600.00 |

| Fill in this inforn | nation to identify your | case:              |             |                       |
|---------------------|-------------------------|--------------------|-------------|-----------------------|
| Debtor 1            | Marvin L. Smoot         |                    |             |                       |
|                     | First Name              | Middle Name        | Last Name   |                       |
| Debtor 2            |                         |                    |             |                       |
| (Spouse if, filing) | First Name              | Middle Name        | Last Name   |                       |
| United States Bar   | nkruptcy Court for the: | EASTERN DISTRICT O | PF MICHIGAN |                       |
| Case number         |                         |                    |             |                       |
| (if known)          |                         |                    |             | ☐ Check if this is an |
| i e                 |                         |                    |             | amended filing        |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited

|    | o the applicable statutory amount.   |  |  |
|----|--|--|--|
| Pa | rt 1: Identify the Property You Claim as Exempt  |  |  |
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. |  |  |
|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)               |  |  |
|    | ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)                                       |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |  |  |

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.                            |                                    |
| ebtor 1 Exemptions   |                                      |   |                                    |
| 2009 Jeep Patriot 125,000 miles Line from Schedule A/B: 3.1                            | \$5,000.00                           | \$3,000.00  | 11 U.S.C. § 522(d)(2)              |
| Zino nom osinodalo 772.  |                                      | □ 100% of fair market value, up to any applicable statutory limit |                                    |
| 2009 Jeep Patriot 125,000 miles Line from Schedule A/B: 3.1                            | \$5,000.00                           | \$2,000.00  | 11 U.S.C. § 522(d)(5)              |
| Line Holli Schedule A/B. 3.1   |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Goods Line from Schedule A/B: 6.1  | \$1,200.00                           | \$600.00  | 11 U.S.C. § 522(d)(3)              |
| Ellie Holli osilloddio 772. G.1  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Electronics Line from Schedule A/B: 7.1  | \$500.00                             | \$250.00  | 11 U.S.C. § 522(d)(3)              |
| Ellie Holli Genedale PVB.  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Apparel Line from Schedule A/B: 11.1   | \$250.00                             | \$250.00  | 11 U.S.C. § 522(d)(3)              |
| Line from Scriedule AVD. 11.1  |                                      | 100% of fair market value, up to any applicable statutory limit   |                                    |

|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption    |
|----|---|--------------------------------------|-----------------------------------|---|---------------------------------------|
|    |   | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                       |
|    | Jewelry Line from Schedule A/B: 12.1  | \$50.00                              |                                   | \$50.00   | 11 U.S.C. § 522(d)(4)                 |
|    | Ellie Holli Schedule Av.B. 12.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |
|    | Checking: Huntington Line from Schedule A/B: 17.1                                   | \$100.00                             |                                   | \$100.00  | 11 U.S.C. § 522(d)(5)                 |
|    | Lille Hotti Schedule AVD. 17.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |
|    | Rental deposit: Security Deposit Line from Schedule A/B: 22.1                       | \$650.00                             |                                   | \$325.00  | 11 U.S.C. § 522(d)(1)                 |
|    | Lille Hotti Schedule PVD. 22.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |
|    | 2019 Tax refunds Line from Schedule A/B: 28.1                                       | \$1,900.00                           |                                   | \$1,900.00  | 11 U.S.C. § 522(d)(5)                 |
|    | Life Hotti Schedule AVB. 20.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                       |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every  | . ,                                  |                                   | ed on or after the date of adjustme                             | nt.)                                  |
|    | ■ No  |                                      |                                   |   |                                       |
|    | Yes. Did you acquire the property cover  No   | ed by the exemption wi               | thin 1                            | ,215 days before you filed this case                            | · · · · · · · · · · · · · · · · · · · |
|    | ☐ Yes   |                                      |                                   |   |                                       |
|    | ☐ 163   |                                      |                                   |   |                                       |

| Fill in this infor  | mation to identify your  | case:              |             |                                       |                     |
|---------------------|--------------------------|--------------------|-------------|---------------------------------------|---------------------|
| Debtor 1            |                          |                    |             |                                       |                     |
|                     | First Name               | Middle Name        | Last Name   |                                       |                     |
| Debtor 2            | Katrice N. Smoot         |                    |             |                                       |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name   |                                       |                     |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | DF MICHIGAN |                                       |                     |
| Case number         |                          |                    |             |                                       |                     |
| (if known)          |                          |                    |             |                                       | Check if this is an |
|                     |                          |                    |             |                                       | amended filing      |
|                     |                          |                    |             | · · · · · · · · · · · · · · · · · · · |                     |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exen | ıpt |
|---|-----|
|---|-----|

| 1. | Which set of exemptions are you claiming   | ? Check one only, ever               | n if yo | our spouse is filing with you.                                  |                                    |
|----|--|--------------------------------------|---------|---|------------------------------------|
|    | ☐ You are claiming state and federal nonban  | kruptcy exemptions.                  | 11 U.S  | S.C. § 522(b)(3)  |                                    |
|    | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |         |   |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                | empt,   | fill in the information below.                                  |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Am      | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
| De | ebtor 2 Exemptions Household Goods   | \$1,200.00                           |         | \$600.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line from Schedule A/B: 6.1  | \$1,200.00                           | -       |   |                                    |
|    |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Electronics Line from Schedule A/B: 7.1  | \$500.00                             |         | \$250.00  | 11 U.S.C. § 522(d)(3)              |
|    |  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Apparel Line from Schedule A/B: 11.2   | \$250.00                             |         | \$250.00  | 11 U.S.C. § 522(d)(3)              |
|    | Elle Holli Genedale AVD. TTIZ  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Jewelry Line from Schedule A/B: 12.2   | \$300.00                             |         | \$300.00  | 11 U.S.C. § 522(d)(4)              |
|    | Line nom schedule A/D. 12.2  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Cash Line from Schedule A/B: 16.1  | \$50.00                              |         | \$50.00   | 11 U.S.C. § 522(d)(5)              |
|    | Ellio Holli Gollicadio FVD. 1911   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 3 of 4

|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption |
|----|--|--------------------------------------|--------|---|------------------------------------|
|    |  | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                    |
|    | Checking: Huntington Line from Schedule A/B: 17.3                                      | \$350.00                             |        | \$350.00  | 11 U.S.C. § 522(d)(5)              |
|    |  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Rental deposit: Security Deposit Line from Schedule A/B: 22.1                          | \$650.00                             |        | \$325.00  | 11 U.S.C. § 522(d)(1)              |
|    | Ellie Holli Geriodale PAB. 22.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Term Line from Schedule A/B: 31.1  | \$0.00                               |        | \$0.00  | 11 U.S.C. § 522(d)(7)              |
|    | Ellie IIIII Schedule A/B. 3111   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every     |                                      |        | ed on or after the date of adjustme                             | nt.)                               |
|    | Yes. Did you acquire the property cove   | red by the exemption wi              | thin 1 | 215 days before you filed this case                             | ?                                  |
|    | □ No   | , ,                                  |        | , ,   |                                    |
|    | ☐ Yes  |                                      |        |   |                                    |

| Fill in this informat   | ion to identify you  | ur case:   |                 |                                    |                         |                        |
|-------------------------|----------------------|--|-----------------|------------------------------------|-------------------------|------------------------|
|                         | Marvin L. Smoo       | • •  |                 |                                    | _                       |                        |
|                         | First Name           |  | _ast Name       |                                    |                         |                        |
| _                       | Katrice N. Smo       |  | _ast Name       |                                    | -                       |                        |
| (Spouse II, IIIIIIg)    | riistivaille         | wildlie Name   | Last Name       |                                    |                         |                        |
| United States Bankr     | uptcy Court for the  | EASTERN DISTRICT OF MICHIC   | SAN             |                                    | _                       |                        |
| Case number             |                      |  |                 |                                    |                         |                        |
| (if known)              |                      |  |                 |                                    | ☐ Chec                  | k if this is an        |
|                         |                      |  |                 |                                    | amen                    | ded filing             |
| Official Forms          | 1000                 |  |                 |                                    |                         |                        |
| Official Form 1         |                      |  | _               | _                                  |                         |                        |
| Schedule D              | : Creditors          | S Who Have Claims S  | ecured          | by Propert                         | У                       | 12/15                  |
| 3e as complete and ac   | curate as possible.  | If two married people are filing together,   | both are equ    | ally responsible for su            | upplying correct inform | ation. If more space   |
|                         |                      | out, number the entries, and attach it to  |                 |                                    |                         |                        |
| l. Do any creditors hav | ve claims secured h  | y vour property?   |                 |                                    |                         |                        |
|                         |                      | his form to the court with your other so   | hodulos Voi     | u havo nothing also t              | to roport on this form  |                        |
| _                       |                      | •  | riedules. 10    | u nave nothing else t              | to report on this form. |                        |
|                         | of the information   | below.   |                 |                                    |                         |                        |
| Part 1: List All S      | ecured Claims        |  |                 | Column A                           | Column B                | Column C               |
|                         |                      | more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As |                 | Amount of claim                    | Value of collateral     | Unsecured              |
|                         |                      | ical order according to the creditor's name.   | 1 Fall 2. AS    | Do not deduct the                  | that supports this      | portion                |
| 2.1 Mid Atlantic        | Einanco C            | Describe the property that secures the   | claim           | value of collateral.<br>\$1,636.00 | claim \$1,000,00        | If any <b>\$636.00</b> |
| Creditor's Name         | Fillance C           | 2003 Chrysler Sebring 157,000  |                 | \$1,030.00                         | \$1,000.00              |                        |
|                         |                      | 2003 Gillysier Gebring 137,000   | , iiiies        |                                    |                         |                        |
|                         |                      | As of the date you file, the claim is: Ch  | a al call that  |                                    |                         |                        |
| 15201 Roose             |                      | apply.   | eck all that    |                                    |                         |                        |
| Clearwater,             |                      | Contingent   |                 |                                    |                         |                        |
| Number, Street, City    | y, State & Zip Code  | ☐ Unliquidated   |                 |                                    |                         |                        |
| Who owes the debt?      | Check one            | ☐ Disputed  Nature of lien. Check all that apply.  |                 |                                    |                         |                        |
| Debtor 1 only           | Chican chic.         | ☐ An agreement you made (such as mo  | rtgage or secu  | ıred                               |                         |                        |
| ■ Debtor 2 only         |                      | car loan)  | . tgago or oooa |                                    |                         |                        |
| Debtor 1 and Debto      | r 2 only             | ☐ Statutory lien (such as tax lien, mecha  | anic's lien)    |                                    |                         |                        |
| ☐ At least one of the o | •                    | ☐ Judgment lien from a lawsuit   | ,               |                                    |                         |                        |
| ☐ Check if this claim   | relates to a         | Other (including a right to offset)  |                 |                                    |                         |                        |
| community debt          |                      |  |                 |                                    |                         |                        |
|                         | Opened               |  |                 |                                    |                         |                        |
|                         | 12/14 Last           |  |                 |                                    |                         |                        |
| But tild and a          | Active               | Land A. Parka and a second as sufficient   | 9601            |                                    |                         |                        |
| Date debt was incurre   | ed 3/19/18           | Last 4 digits of account number  | 3001            |                                    |                         |                        |
|                         |                      |  |                 |                                    |                         |                        |
| Add the dollar value    | of your entries in C | Column A on this page. Write that numbe  | r here:         | \$1,63                             | 36.00                   |                        |
| If this is the last nad | e of your form, add  | the dollar value totals from all pages.  |                 | \$1,63                             |                         |                        |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Write that number here:

| Fill in this infor   | mation to identify your case:  |   |  |   |   |
|--|--|---|--|---|---|
| Debtor 1   | Marvin L. Smoot  |   |  |   |   |
|  |  | dle Name Last Name  |  |   |   |
| Debtor 2   | Katrice N. Smoot   |   |  |   |   |
| (Spouse if, filing)  | First Name Mic   | ldle Name Last Name   |  |   |   |
| United States Ba   | ankruptcy Court for the: EASTE   | RN DISTRICT OF MICHIGAN   |  |   |   |
| Case number  |  |   |  |   |   |
| (if known)   |  |   |  | ☐ Check   | if this is an   |
|  |  |   |  | amend   | ded filing  |
| Official Forr  | n 106E/F   |   |  |   |   |
|  | -  | ve Unsecured Claims   |  |   | 12/15   |
|  |  | r creditors with PRIORITY claims and Part 2 for cred  | itors with NOND  | PIODITY claims I  |   |
| any executory con<br>Schedule G: Execu<br>Schedule D: Credit<br>left. Attach the Con<br>name and case nu | tracts or unexpired leases that coulc<br>utory Contracts and Unexpired Lease<br>tors Who Have Claims Secured by Pr<br>ntinuation Page to this page. If you h<br>mber (if known). | result in a claim. Also list executory contracts on S is (Official Form 106G). Do not include any creditors operty. If more space is needed, copy the Part you n ave no information to report in a Part, do not file that                       | chedule A/B: Pro<br>with partially sec<br>eed, fill it out, nu | pperty (Official Fol<br>cured claims that a<br>mber the entries i | rm 106A/B) and on<br>are listed in<br>in the boxes on the |
|  | III of Your PRIORITY Unsecured   |   |  |   |   |
|  | ors have priority unsecured claims a   | gainst you?   |  |   |   |
| No. Go to F  | Part 2.  |   |  |   |   |
| ☐ Yes.   |  |   |  |   |   |
| listed, ident<br>much as po  | tify what type of claim it is. If a claim has<br>ossible, list the claims in alphabetical or   | editor has more than one priority unsecured claim, list th<br>s both priority and nonpriority amounts, list that claim her<br>der according to the creditor's name. If you have more th<br>articular claim, list the other creditors in Part 3. | e and show both p  | priority and nonprio  | rity amounts. As  |
| (For an exp  | planation of each type of claim, see the   | instructions for this form in the instruction booklet.)   |  |   |   |
|  |  |   | Total claim  | Priority<br>amount  | Nonpriority amount  |
| 2.1.   |  |   |  |   |   |
|  |  | Look A dimite of account assumes  |  |   |   |
| Priority Cı  | reditor's Name   | Last 4 digits of account number   |  |   | _   |
| ,  |  | When was the debt incurred?   |  |   |   |
| Number S   | Street City State Zip Code   | As of the date you file, the claim is: Check all that a   | vlage  |   |   |
| rambore  | or our orate Exp code  | ☐ Contingent  | арріу  |   |   |
| Who incurre  | d the debt? Check one.   | ☐ Unliquidated  |  |   |   |
| Debtor 1   | only   | ☐ Disputed  |  |   |   |
| Debtor 2   | only   |   |  |   |   |
| Debtor 1   | and Debtor 2 only  |   |  |   |   |
| _  | ne of the debtors and another  | Type of PRIORITY unsecured claim:   |  |   |   |
| ☐ Check if   | this claim is for a community debt   | ☐ Domestic support obligations  |  |   |   |
| Is the claim   | subject to offset?   | ☐ Taxes and certain other debts you owe the govern  | nment  |   |   |
| □No  |  | $\square$ Claims for death or personal injury while you were  | intoxicated  |   |   |
| ☐ Yes  |  | Other. Specify  |  |   |   |
|  |  |   |  |   | _   |
|  |  |   |  |   |   |
|  |  |   |  |   |   |
|  | II of Your NONPRIORITY Unsec   |   |  |   |   |
|  | ors have nonpriority unsecured clain   | - ,   |  |   |   |
|  | ive nothing to report in this part. Submit   | this form to the court with your other schedules.   |  |   |   |
| Yes.   |  |   |  |   |   |
| 4. List all of you   | r nonpriority unsecured claims in the  | e alphabetical order of the creditor who holds each c   | laim. If a creditor  | has more than one   | nonpriority   |
| unsecured clai   | m, list the creditor separately for each of  | claim. For each claim listed, identify what type of claim it in reditors in Part 3.If you have more than three nonprior   | is. Do not list clain  | ns already included   | in Part 1. If more  |

Total claim

Official Form 106 E/F

Part 2.

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 14

| Debtor 1<br>Debtor 2 | Marvin L. Smoot<br>Katrice N. Smoot  | Case number (if known)  |            |
|----------------------|--|---|------------|
| 4.1                  | Aarons Rental  | Last 4 digits of account number 7624  | \$1,842.32 |
| ı                    | Nonpriority Creditor's Name PO Box 100039  | When was the debt incurred?   |            |
| 1                    | Kennesaw, GA 30156  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|                      | Debtor 1 only  | ☐ Contingent  |            |
| _                    | Debtor 2 only  | ☐ Unliquidated  |            |
|                      | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|                      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|                      | ☐ Check if this claim is for a community   | ☐ Student loans   |            |
| (                    | debt s the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| I                    | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| İ                    | □ Yes  | Other. Specify  |            |
|                      | Ad Astra Rec   | Last 4 digits of account number 7769  | \$115.00   |
| 7                    | Nonpriority Creditor's Name<br>7330 W 33rd Street North<br>Wichita, KS 67205             | When was the debt incurred? Opened 8/19/14  |            |
|                      | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
| 1                    | Who incurred the debt? Check one.  |   |            |
|                      | Debtor 1 only  | ☐ Contingent  |            |
|                      | Debtor 2 only  | ☐ Unliquidated  |            |
|                      | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|                      | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
| (                    | ☐ Check if this claim is for a community   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
|                      | s the claim subject to offset?   | report as priority claims   |            |
|                      | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |
|                      | Yes  | ■ Other. Specify 12 Speedy Cash 48  |            |
|                      | Ad Astra Recovery Serv   | Last 4 digits of account number 8959  | \$378.00   |
| 7                    | Nonpriority Creditor's Name<br>7330 W 33rd Street North<br>Wichita, KS 67205             | When was the debt incurred? Opened 02/16  |            |
|                      | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
| 1                    | Who incurred the debt? Check one.  |   |            |
|                      | Debtor 1 only  | ☐ Contingent  |            |
|                      | Debtor 2 only  | ☐ Unliquidated  |            |
|                      | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| l                    | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |            |
|                      | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
| ı                    | s the claim subject to offset?   | report as priority claims   |            |
| ı                    | No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
| I                    | ☐ Yes  | ■ Other. Specify Collection Attorney Speedy Cash 48   |            |

| Debtor<br>Debtor | Marvin L. Smoot Katrice N. Smoot                                      |   | Case number (if known)                        |            |
|------------------|---|---|---|------------|
| 4.4              | B Lester Law Firm Nonpriority Creditor's Name                         | Last 4 digits of account number                               | 3000  | \$2,631.00 |
|                  | 16042 North 32th St Ste<br>Phoenix, AZ 85032                          | When was the debt incurred?                                   | Opened 09/17 Last Active 5/05/16              |            |
|                  | Number Street City State Zip Code Who incurred the debt? Check one.   | As of the date you file, the claim                            | is: Check all that apply                      |            |
|                  | ☐ Debtor 1 only ☐ Debtor 2 only                                       | ☐ Contingent☐ Unliquidated                                    |   |            |
|                  | _   |   |   |            |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecure                      | d claim:                                      |            |
|                  | At least one of the debtors and another                               | Student loans   | a ciaiii.                                     |            |
|                  | ☐ Check if this claim is for a community debt                         |   |   |            |
|                  | Is the claim subject to offset?                                       | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not  |            |
|                  | ■ No  | Debts to pension or profit-sharing                            | g plans, and other similar debts              |            |
|                  | ☐ Yes   | Other. Specify Collection                                     | Attorney Adanac Usa Lllp                      |            |
| 4.5              | Bureau Of Med Econcs  | Last 4 digits of account number                               | 9328  | \$272.00   |
|                  | Nonpriority Creditor's Name<br>326 E Coronado Rd<br>Phoenix, AZ 85004 | When was the debt incurred?                                   | Opened 08/13                                  |            |
|                  | Number Street City State Zip Code                                     | As of the date you file, the claim                            | is: Check all that apply                      |            |
|                  | Who incurred the debt? Check one.                                     | <b>,</b>  | and apply                                     |            |
|                  | ■ Debtor 1 only   | ☐ Contingent  |   |            |
|                  | Debtor 2 only   | ☐ Unliquidated  |   |            |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|                  | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecure                                  | d claim:                                      |            |
|                  | ☐ Check if this claim is for a community                              | ☐ Student loans   |   |            |
|                  | debt Is the claim subject to offset?                                  | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not |            |
|                  | ■ No  | Debts to pension or profit-sharir                             | g plans, and other similar debts              |            |
|                  |   |   | Attorney North Valley                         |            |
|                  | Yes   | Other. Specify Emergency                                      | Spec LI                                       |            |
| 4.6              | Capital One   | Last 4 digits of account number                               | 1398,1877                                     | \$497.00   |
|                  | Nonpriority Creditor's Name P.O. Box 60000                            | When was the debt incurred?                                   |   |            |
|                  | Seattle, WA 98190-6000  Number Street City State Zip Code             | As of the date you file, the claim                            | is: Check all that apply                      |            |
|                  | Who incurred the debt? Check one.                                     | As of the date you me, the olum                               | S. Oncok an that apply                        |            |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |   |            |
|                  | Debtor 2 only   | ☐ Unliquidated  |   |            |
|                  | ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|                  | ☐ At least one of the debtors and another                             | Type of NONPRIORITY unsecure                                  | d claim:                                      |            |
|                  | ☐ Check if this claim is for a community                              | ☐ Student loans   |   |            |
|                  | debt Is the claim subject to offset?                                  | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not  |            |
|                  | ■ No  | Debts to pension or profit-sharir                             | g plans, and other similar debts              |            |
|                  | □Yes  | Other. Specify  |   |            |
|                  |   |   |   |            |

| 2 Katrice N. Smoot   | Case number (if known)  |          |
|--|---|----------|
| Chase Bank   | Last 4 digits of account number 8161  | \$366.77 |
| Nonpriority Creditor's Name Mail COde OH1-1272 340 S. Cleveland Ave.Bldg 370   | When was the debt incurred?   |          |
| Westerville, OH 43081  Number Street City State Zip Code                       | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.  | As of the date you me, the damins. Oneok all that apply   |          |
| ☐ Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | □ Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                       | ☐ Student loans   |          |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                 |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes  | Other. Specify  |          |
| Check Mate   | Last 4 digits of account number 6096  | \$743.29 |
| Nonpriority Creditor's Name Account Receivables PO Box 45208                   | When was the debt incurred? 2015  | ·        |
| Phoenix, AZ 85016<br>Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.  |   |          |
| Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  |          |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| No   | □ Debts to pension or profit-sharing plans, and other similar debts   |          |
| ■ No □ Yes   | Other. Specify  Other Specify   |          |
| Chaol: N. Co   |   | \$352.00 |
| Check N Go Nonpriority Creditor's Name 8750 East 8 Mile                        | Last 4 digits of account number 1398,1871  When was the debt incurred?  | \$35Z.UU |
| Detroit, MI 48234 Number Street City State Zip Code                            | As of the date you file, the claim is: Check all that apply   |          |
| Who incurred the debt? Check one.  |   |          |
| ☐ Debtor 1 only  | ☐ Contingent  |          |
| Debtor 2 only  | ☐ Unliquidated  |          |
| ■ Debtor 1 and Debtor 2 only   | □ Disputed  |          |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                       | ☐ Student loans   |          |
| debt Is the claim subject to offset?   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes  | Other. Specify  |          |

| Checkmate   | Last 4 digits of account number 6243  | \$356.76 |
|---|---|----------|
| Ionpriority Creditor's Name<br>PO Box 35220<br>Phoenix, AZ 85069            | When was the debt incurred?   |          |
| lumber Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |          |
| Vho incurred the debt? Check one.   |   |          |
| Debtor 1 only   | ☐ Contingent  |          |
| Debtor 2 only   | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |          |
| At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                    | ☐ Student loans   |          |
| lebt<br>s the claim subject to offset?                                      | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |          |
| No  | Debts to pension or profit-sharing plans, and other similar debts   |          |
| Yes   | Other. Specify  |          |
| Contract Callers Inc.   | Last 4 digits of account number 4182  | \$129.06 |
| Ionpriority Creditor's Name   | <del></del> -   |          |
| 501 Greene Street   | When was the debt incurred? 2018  |          |
| ord Floor Ste 302<br>Augusta, GA 30901                                      |   |          |
| lumber Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |          |
| Vho incurred the debt? Check one.   |   |          |
| Debtor 1 only   | ☐ Contingent  |          |
| Debtor 2 only   | ☐ Unliquidated  |          |
| Debtor 1 and Debtor 2 only  | □ Disputed  |          |
| ☐ At least one of the debtors and another                                   | Type of NONPRIORITY unsecured claim:  |          |
| ☐ Check if this claim is for a community                                    | ☐ Student loans   |          |
| lebt s the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
| Yes   | ■ Other. Specify Salt RIver Project   |          |
| Convergent Outsourcing  | Last 4 digits of account number 1567  | \$331.00 |
| Ionpriority Creditor's Name   | Last 4 digits of account number   | Ψ001.00  |
| Po Box 9004   | When was the debt incurred? Opened 05/17  |          |
| Renton, WA 98057  |   |          |
| lumber Street City State Zip Code  Vho incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply   |          |
| Debtor 1 only   | ☐ Contingent  |          |
| Debtor 2 only   | ☐ Unliquidated  |          |
| Debtor 2 only  Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |          |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another      | Type of NONPRIORITY unsecured claim:  |          |
| _   | Student loans   |          |
| ☐ Check if this claim is for a community lebt sthe claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|   | · · · · · · · · · · · · · · · · · · ·   |          |

| Crest Financial  | Last 4 digits of account number 1871   | \$1,500.00 |
|--|--|------------|
| Nonpriority Creditor's Name 61 West 13490 South                                    | When was the debt incurred?  |            |
| Salt Lake City, UT 84020 Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply  |            |
| Who incurred the debt? Check one.  |  |            |
| Debtor 1 only  | ☐ Contingent   |            |
| Debtor 2 only  | ☐ Unliquidated   |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |            |
| debt<br>s the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |            |
| ☐Yes   | Other. Specify Furniture   |            |
| Diversified Consultants  | Last 4 digits of account number 0001   | \$1,802.83 |
| Nonpriority Creditor's Name<br>PO Box 1391<br>Southgate, MI 48195                  | When was the debt incurred?  |            |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply  |            |
| Who incurred the debt? Check one.  |  |            |
| Debtor 1 only  | ☐ Contingent   |            |
| Debtor 2 only  | ☐ Unliquidated   |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |            |
| debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
| No   | □ Debts to pension or profit-sharing plans, and other similar debts  |            |
| ■ No<br>□ Yes  |  |            |
| res  | ■ Other. Specify Verizon   |            |
| DTE  | Last 4 digits of account number 8021   | \$1,294.92 |
| Nonpriority Creditor's Name<br>One Energy Plaza<br>Attn: Bankruptcy Dept.          | When was the debt incurred?  |            |
| Room 2160  |  |            |
| Detroit, MI 48226  | - A Market Marke |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim is: Check all that apply  |            |
| Debtor 1 only  | Поло   |            |
| Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
| Deptor 1 and Deptor 2 only     At least one of the debtors and another             | Type of NONPRIORITY unsecured claim:   |            |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community | Student loans  |            |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not  |            |
| Is the claim subject to offset?  | report as priority claims  |            |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
| ☐ Yes  | Other. Specify   |            |

| or 2 Katrice N. Smoot  |   | Case number (if known)   |            |  |
|--|---|--|------------|--|
| Fed Loan Serv  | Last 4 digits of account number                                 | 0001   | \$2,862.00 |  |
| Nonpriority Creditor's Name  |   | Opened 01/13 Last Active   |            |  |
| Pob 60610<br>Harrisburg, PA 17106  | When was the debt incurred?                                     | 10/31/19   |            |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim                              | is: Check all that apply   |            |  |
| ☐ Debtor 1 only  | ☐ Contingent  |  |            |  |
| ■ Debtor 2 only  | ☐ Unliquidated  |  |            |  |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |            |  |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                    | d claim:   |            |  |
| ☐ Check if this claim is for a community debt                                      | Student loans   |  |            |  |
| ls the claim subject to offset?  | ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not  |            |  |
| ■ No   | Debts to pension or profit-sharing                              | ng plans, and other similar debts  |            |  |
| Yes  | Other. Specify  |  |            |  |
|  | Educationa  | al   |            |  |
| GC Services  | Last 4 digits of account number                                 | 6874   | \$351.80   |  |
| Nonpriority Creditor's Name 6330 Gufton  | When was the debt incurred?                                     | 2016   |            |  |
| Houston, TX 77081  |   |  |            |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim                              | is: Check all that apply   |            |  |
| Debtor 1 only  |   |  |            |  |
| Debtor 2 only  | Contingent  |  |            |  |
|  | ☐ Unliquidated  |  |            |  |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure                        | d claim:   |            |  |
| At least one of the debtors and another  | Student loans   | d Glaini.  |            |  |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?     | _   | aration agreement or divorce that you did not  |            |  |
| No   | <u>'</u> ' '  | ng plans, and other similar debts  |            |  |
| ■ No □ Yes   | Other. Specify Dish Netwo                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts  ☐ Other Specify <b>Dish Network</b> |            |  |
|  |   |  |            |  |
| General Revenue Corp.  Nonpriority Creditor's Name                                 | Last 4 digits of account number                                 | 1871   | \$526.00   |  |
| 4660 Duke<br>Ste. 300  | When was the debt incurred?                                     |  |            |  |
| Mason, OH 45040  |   |  |            |  |
| Number Street City State Zip Code  Who incurred the debt? Check one.               | As of the date you file, the claim                              | is: Check all that apply   |            |  |
| Debtor 1 only  | Пол   |  |            |  |
| Debtor 2 only  | ☐ Contingent☐ Unliquidated                                      |  |            |  |
| ■ Debtor 1 and Debtor 2 only   | <u> </u>  |  |            |  |
| At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecure                        | d claim:   |            |  |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Student loans   |  |            |  |
| debt  Is the claim subject to offset?  |   | aration agreement or divorce that you did not  |            |  |
| No   | Debts to pension or profit-sharir                               | ng plans, and other similar debts  |            |  |
|  | ·   | יש איניים, מווט טוווטו טווווומו טבטנט  |            |  |
| Yes  | Other. Specify  |  |            |  |

| Debtor 1 Marvin L. Smoot Debtor 2 Katrice N. Smoot                   | Case number (if known)  |            |
|--|---|------------|
| .1 Great Lakes Specialty Finance                                     | Last 4 digits of account number 5989  | \$342.49   |
| Nonpriority Creditor's Name 7824 Wyoming Ave. Dearborn, MI 48126     | When was the debt incurred?   |            |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | □ Unliquidated  |            |
| ■ Debtor 1 and Debtor 2 only   | □ Disputed  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                             |            |
| Yes  | Other. Specify  |            |
| .2 Healthcare Coll I Lic   | Last 4 digits of account number 0696  | \$1,171.00 |
| Nonpriority Creditor's Name 2432 W Peoria Ave Phoenix, AZ 85029      | When was the debt incurred? Opened 10/13  |            |
| Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |            |
| Debtor 1 only  | ☐ Contingent  |            |
| Debtor 2 only  | ☐ Unliquidated  |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
| Yes  | ■ Other. Specify Collection Attorney Banner Thunderbird   |            |
| .2 IC System   | Last 4 digits of account number 3189  | \$331.95   |
| Nonpriority Creditor's Name PO Box 64437                             | When was the debt incurred?   |            |
| Saint Paul, MN 55164  Number Street City State Zip Code              | As of the date you file, the claim is: Check all that apply   |            |
| Who incurred the debt? Check one.                                    | ,   |            |
| ☐ Debtor 1 only  | ☐ Contingent  |            |
| ☐ Debtor 2 only  | ☐ Unliquidated  |            |
| ■ Debtor 1 and Debtor 2 only   | Disputed  |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                             |            |
| Yes  | ■ Other. Specify Cox Communications   |            |

| Jefferson Capital Syst  | Last 4 digits of account number 6003   | \$1,527.0  |
|---|--|------------|
| Nonpriority Creditor's Name  16 Mcleland Rd   | When was the debt incurred? Opened 01/19   |            |
| Saint Cloud, MN 56303  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |
| ☐ Debtor 1 only   | ☐ Contingent   |            |
| Debtor 2 only   | ☐ Unliquidated   |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed   |            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |            |
| $\square$ Check if this claim is for a community debt                                       | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                            |            |
| s the claim subject to offset?  | report as priority claims  |            |
| No  | Debts to pension or profit-sharing plans, and other similar debts  |            |
| ☐ Yes   | ■ Other. Specify Wireless  |            |
| Law Office of Mark Heldenbrand  | Last 4 digits of account number 726U   | \$460.50   |
| Nonpriority Creditor's Name<br>2222 S. Dobson Rd.<br>Ste 402                                | When was the debt incurred? 2016   | -          |
| Mesa, AZ 85202  |  |            |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply  |            |
| Who incurred the debt? Check one.   | _  |            |
| Debtor 1 only   | Contingent   |            |
| Debtor 2 only   | ☐ Unliquidated   |            |
| Debtor 1 and Debtor 2 only  | Disputed   |            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community debt s the claim subject to offset?                | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
| □ Yes   | Other. Specify  Buckeye Title Loans  | -          |
| MRS Associates Inc. of New Jersey   | Last 4 digits of account number 3044   | \$1,527.83 |
| Nonpriority Creditor's Name<br>1930 Olney Avenue<br>Cherry Hill, NJ 08003                   | When was the debt incurred?  | -          |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply  |            |
| Who incurred the debt? Check one.   |  |            |
| Debtor 1 only   | ☐ Contingent   |            |
| Debtor 2 only   | ☐ Unliquidated   |            |
| ■ Debtor 1 and Debtor 2 only  | Disputed   |            |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community  | ☐ Student loans  |            |
| debt<br>Is the claim subject to offset?   | $\hfill\square$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts   |            |
| ☐ Yes   | Other. Specify   |            |

| Ncb Management Service  |   | 1000  | \$7,875.0  |
|---|---|---|------------|
| Nonpriority Creditor's Name   | Last 4 digits of account number   |   | Ψ1,013.0   |
| 1 Allied Drive<br>Trevose, PA 19053   | When was the debt incurred?   | Opened 09/16                                  |            |
| Number Street City State Zip Code  Who incurred the debt? Check one.                  | As of the date you file, the claim  | is: Check all that apply                      |            |
| Debtor 1 only   | ☐ Contingent  |   |            |
| Debtor 2 only   | ☐ Unliquidated  |   |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |            |
| ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |
| debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |            |
| ■ No  | Debts to pension or profit-sharing  | ng plans, and other similar debts             |            |
| ☐ Yes   | ■ Other. Specify Factoring Consumer   | Company Account Santander<br>Usa Inc.         |            |
| Pac Auto Finance  | Last 4 digits of account number   |   | \$11,578.0 |
| Nonpriority Creditor's Name 7927 S. High Point Pkwy                                   | When was the debt incurred?   |   | , ,        |
| Sandy, UT 84094  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |            |
| Debtor 1 only   | ☐ Contingent  |   |            |
| Debtor 2 only   | ☐ Unliquidated  |   |            |
| ■ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |            |
| ☐ Check if this claim is for a community  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |            |
| debt<br>Is the claim subject to offset?   |   |   |            |
| ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |
| □ Yes   | Other. Specify 2009 Jeep I  | Patriot 125,000 miles                         |            |
| Plaza Servic  | Last 4 digits of account number   | 6342  | \$787.0    |
| Nonpriority Creditor's Name<br>110 Hammond Drive Suite 110<br>Atlanta, GA 30328       | When was the debt incurred?   | Opened 9/29/17                                |            |
| Number Street City State Zip Code   | As of the date you file, the claim  | is: Check all that apply                      |            |
| Who incurred the debt? Check one.   |   |   |            |
| Debtor 1 only   | ☐ Contingent  |   |            |
| Debtor 2 only   | ☐ Unliquidated  |   |            |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
| At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |            |
| Check if this claim is for a community  | ☐ Student loans   |   |            |
| debt<br>Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |   |            |
| No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |
| ☐ Yes   | ■ Other. Specify 12 Checksr   | nart  |            |

| Santander  | Last 4 digits of account number 7480  | \$7,878.2       |
|--|---|-----------------|
| Nonpriority Creditor's Name PO Box 961245          | When was the debt incurred?   |                 |
| Fort Worth, TX 76161                               |   |                 |
| Number Street City State Zip Code                  | As of the date you file, the claim is: Check all that apply   |                 |
| Who incurred the debt? Check one.  ☐ Debtor 1 only | -   |                 |
| Debtor 2 only                                      | Contingent  |                 |
| _  | ☐ Unliquidated  |                 |
| Debtor 1 and Debtor 2 only                         | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |                 |
| At least one of the debtors and another            | Student loans   |                 |
| ☐ Check if this claim is for a community debt      | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |                 |
| Is the claim subject to offset?                    | report as priority claims   |                 |
| ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |                 |
| Yes  | Other. Specify 2006 Impala  |                 |
| Seidberg Law OFfices                               | Last 4 digits of account number 4314  | \$6,354.95      |
| Nonpriority Creditor's Name                        |   | 40,000          |
| 2412 East Campbell Avenue                          | When was the debt incurred?   |                 |
| PO Box 7290<br>Phoenix, AZ 85011                   |   |                 |
| Number Street City State Zip Code                  | As of the date you file, the claim is: Check all that apply   |                 |
| Who incurred the debt? Check one.                  |   |                 |
| Debtor 1 only                                      | ☐ Contingent  |                 |
| Debtor 2 only                                      | ☐ Unliquidated  |                 |
| ■ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |                 |
| ☐ At least one of the debtors and another          | Type of NONPRIORITY unsecured claim:  |                 |
| ☐ Check if this claim is for a community           | ☐ Student loans   |                 |
| debt Is the claim subject to offset?               | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                 |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                 |
| ☐ Yes  | ■ Other. Specify Prime Acceptance Corp.   |                 |
| Southwest Diagnostic Imaging                       | Last 4 digits of account number 2420  | \$43.00         |
| Nonpriority Creditor's Name                        | Last 4 digits of account number 2420  | φ <b>4</b> 3.00 |
| 2323 W Rose Garden LN<br>Phoenix, AZ 85027         | When was the debt incurred?   |                 |
| Number Street City State Zip Code                  | As of the date you file, the claim is: Check all that apply   |                 |
| Who incurred the debt? Check one.                  |   |                 |
| Debtor 1 only                                      | ☐ Contingent  |                 |
| ☐ Debtor 2 only                                    | ☐ Unliquidated  |                 |
| ■ Debtor 1 and Debtor 2 only                       | ☐ Disputed  |                 |
| ☐ At least one of the debtors and another          | Type of NONPRIORITY unsecured claim:  |                 |
| ☐ Check if this claim is for a community           | ☐ Student loans   |                 |
| debt<br>Is the claim subject to offset?            | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                 |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                 |
| ☐Yes   | Other. Specify  |                 |

| Synergetis Communications Inc.                       | Last 4 digits of account number   | 9863  | \$1,895.6   |
|--|---|---|-------------|
| Nonpriority Creditor's Name 5450 N. W. Central #220  | When was the debt incurred?   | 2018  |             |
| Houston, TX 77092  Number Street City State Zip Code | As of the date you file, the claim i  | is: Check all that apply                      |             |
| Who incurred the debt? Check one.                    | ,   |   |             |
| Debtor 1 only  | ☐ Contingent  |   |             |
| Debtor 2 only  | ☐ Unliquidated  |   |             |
| ■ Debtor 1 and Debtor 2 only                         | ☐ Disputed  |   |             |
| ☐ At least one of the debtors and another            | Type of NONPRIORITY unsecured   | d claim:                                      |             |
| ☐ Check if this claim is for a community             | ☐ Student loans   |   |             |
| debt<br>Is the claim subject to offset?              | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |             |
| ■ No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |             |
| Yes  | Other. Specify At&T Mobil   | ity   |             |
| Telecom Self-reported                                | Last 4 digits of account number   | 7217  | \$94.0      |
| Nonpriority Creditor's Name Po Box 4500              | When was the debt incurred?   | Last Active 9/03/19                           | <del></del> |
| Allen, TX 75013                                      | _   |   |             |
| Number Street City State Zip Code                    | As of the date you file, the claim i  | is: Check all that apply                      |             |
| Who incurred the debt? Check one.  Debtor 1 only     | _   |   |             |
| _  | ☐ Contingent  |   |             |
| Debtor 2 only  | ☐ Unliquidated  |   |             |
| Debtor 1 and Debtor 2 only                           | ☐ Disputed  | d claim:                                      |             |
| At least one of the debtors and another              | Type of NONPRIORITY unsecured claim: ☐ Student loans  |   |             |
| ☐ Check if this claim is for a community debt        |   |   |             |
| Is the claim subject to offset?                      | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |             |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |   |             |
| Yes  | Other. Specify Chkg/Boos  | tmobile                                       |             |
| Telecom Self-reported                                | Last 4 digits of account number   | 8B43  | \$65.0      |
| Nonpriority Creditor's Name                          | _   |   | <b></b>     |
| Po Box 4500<br>Allen, TX 75013                       | When was the debt incurred?   | Last Active 5/31/19                           |             |
| Number Street City State Zip Code                    | As of the date you file, the claim i  | is: Check all that apply                      |             |
| Who incurred the debt? Check one.                    |   |   |             |
| Debtor 1 only  | ☐ Contingent  |   |             |
| Debtor 2 only  | ☐ Unliquidated  |   |             |
| Debtor 1 and Debtor 2 only                           | ☐ Disputed  |   |             |
| At least one of the debtors and another              | Type of NONPRIORITY unsecured claim:  |   |             |
| Check if this claim is for a community               | Student loans   |   |             |
| debt<br>Is the claim subject to offset?              | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |             |
| No   |   | on plans, and other similar debts             |             |
| INC.   | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify                      |   |             |

| 2 Katrice N. Smoot   | Case number ( <sub>if known</sub> )  |         |
|--|--|---------|
| Telecom Self-reported  | Last 4 digits of account number 238B   | \$19.0  |
| Nonpriority Creditor's Name Po Box 4500                              | When was the debt incurred? Last Active 8/26/19  |         |
| Allen, TX 75013  Number Street City State Zip Code                   | As of the date you file, the claim is: Check all that apply  |         |
| Who incurred the debt? Check one.                                    | ,  |         |
| ☐ Debtor 1 only  | ☐ Contingent   |         |
| ■ Debtor 2 only  | ☐ Unliquidated   |         |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |         |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |         |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |         |
| debt Is the claim subject to offset?                                 | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did report as priority claims | not     |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |         |
| Yes  | Other. Specify Chkg/Att  |         |
| TRS Recovery   | Last 4 digits of account number 0003   | \$61.7  |
| Nonpriority Creditor's Name P.O. Box 60022                           | When was the debt incurred?  |         |
| City Of Industry, CA 91716   |  |         |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |         |
| Debtor 1 only  | Пол  |         |
| ☐ Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |         |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |         |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |         |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |         |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims                | not     |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |         |
| ☐ Yes  | Other. Specify   |         |
| Hallitan Colf more out out   | DCCE   | \$153.0 |
| Utility Self-reported  Nonpriority Creditor's Name                   | Last 4 digits of account number B6CF   | \$153.0 |
| Po Box 4500  | When was the debt incurred? Last Active 5/28/19  |         |
| Allen, TX 75013  | As of the data was file the plainties OL   |         |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |         |
| Debtor 1 only  | ☐ Contingent   |         |
| Debtor 2 only  | ☐ Unliquidated   |         |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |         |
| At least one of the debtors and another                              | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |         |
| ☐ Check if this claim is for a community                             | Student loans  |         |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims            |         |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |         |
| □Yes   | ■ Other. Specify Agriculture Chkg/Dteenergy  |         |

| 4.3 |   |
|-----|---|
| 7   | I |

| Webbank/fingerhut                            | Last 4 digits of account number                             | 0833                              | \$196.00 |
|--|---|-----------------------------------|----------|
| Nonpriority Creditor's Name                  | _   |                                   |          |
| 6250 Ridgewood Road<br>Saint Cloud, MN 56303 | When was the debt incurred?                                 | Opened 06/19 Last Active 11/03/19 |          |
| Number Street City State Zip Code            | As of the date you file, the claim i                        | s: Check all that apply           |          |
| Who incurred the debt? Check one.            |   |                                   |          |
| ☐ Debtor 1 only                              | ☐ Contingent  |                                   |          |
| Debtor 2 only                                | ☐ Unliquidated  |                                   |          |
| Debtor 1 and Debtor 2 only                   | ☐ Disputed  |                                   |          |
| At least one of the debtors and another      | Type of NONPRIORITY unsecured                               | l claim:                          |          |
| ☐ Check if this claim is for a community     | ☐ Student loans   |                                   |          |
| debt<br>Is the claim subject to offset?      | Obligations arising out of a sepa report as priority claims |                                   |          |
| ■ No   | Debts to pension or profit-sharing                          | g plans, and other similar debts  |          |
| ☐ Yes  | ■ Other. Specify Charge Acc                                 | count                             |          |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Clailli   |
|-----------------------|-----|---|-----|-----------------|
| Total                 | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|                       |     |   |     | Total Claim     |
| Total                 | 6f. | Student loans   | 6f. | \$<br>2,862.00  |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>55,851.12 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>58,713.12 |

Total Claim

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Fill in this infor  |                          |                    |             |  |                              |  |
|---------------------|--------------------------|--------------------|-------------|--|------------------------------|--|
| Debtor 1            | Marvin L. Smoot          |                    |             |  |                              |  |
|                     | First Name               | Middle Name        | Last Name   |  |                              |  |
| Debtor 2            | Katrice N. Smoot         |                    |             |  |                              |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name   |  |                              |  |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT C | PF MICHIGAN |  |                              |  |
| Case number         |                          |                    |             |  |                              |  |
| (if known)          |                          |                    |             |  | ☐ Check if this is           |  |
| (if known)          |                          |                    |             |  | ☐ Check if this amended fili |  |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Chris Hawkins

State what the contract or lease is for
Residential lease

| Fill in this infor                 | rmation to identify your                                  | case:                           |                           |   |   |
|------------------------------------|---|---------------------------------|---------------------------|---|---|
| Debtor 1                           | Marvin L. Smoot   |                                 |                           |   |   |
| Dalata a O                         | First Name  | Middle Name                     | Last Name                 |   |   |
| Debtor 2<br>(Spouse if, filing)    | Katrice N. Smoot  | Middle Name                     | Last Name                 |   |   |
| United States B                    | ankruptcy Court for the:                                  | EASTERN DISTRICT OF             | MICHIGAN                  |   |   |
| Ormod Otatoo B                     | armaptoy Court for the.                                   |                                 |                           |   |   |
| Case number<br>(if known)          |   |                                 |                           |   | ☐ Check if this is an amended filling   |
| Official Fo                        | orm 106H  |                                 |                           |   |   |
|                                    | H: Your Cod   | obtore                          |                           |   | 40/45   |
| Scriedule                          | FII. TOUI COU   | EDIOIS                          |                           |   | 12/15   |
| ill it out, and no<br>our name and | umber the entries in the case number (if known)           |                                 | he Additional Page        | to this page. On the top                  | eeded, copy the Additional Page,<br>of any Additional Pages, write  |
| ■ No                               |   |                                 |                           |   |   |
| ☐ Yes                              |   |                                 |                           |   |   |
| 2. Within th                       | ne last 8 vears, have you                                 | lived in a community pro        | nerty state or territor   | ry? (Community property                   | states and territories include  |
|                                    |   | Nevada, New Mexico, Puer        |                           |   | diates and territories include  |
|                                    |   |                                 |                           |   |   |
| ■ No. Go to                        |   |                                 | وم مدند و داد و دور دادند |   |   |
| ☐ Yes. Dia                         | your spouse, former spou                                  | ise, or legal equivalent live v | with you at the time?     |   |   |
|                                    |   |                                 |                           |   |   |
|                                    | <del>-</del>  |                                 |                           |   |   |
| □ Ye                               | <del>2</del> S.   |                                 |                           |   |   |
|                                    | In which community state                                  | e or territory did you live?    |                           | Fill in the name an                       | d current address of that person.   |
|                                    | City  | State                           | Zip Code                  | <del></del>                               |   |
|                                    |   |                                 |                           |   |   |
| in line 2 ag                       | ain as a codebtor only i<br>), Schedule E/F (Official     | f that person is a guaranto     | or or cosigner. Make      | sure you have listed th                   | with you. List the person shown<br>e creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil |
|                                    | mn 1: Your codebtor<br>Number, Street, City, State and ZI | P Code                          |                           | Column 2: The cree<br>Check all schedules | ditor to whom you owe the debt s that apply:  |
| 3.1                                |   |                                 |                           | ☐ Schedule D, line                        | •   |
| Name                               |   |                                 |                           | ☐ Schedule E/F, lin                       | ne  |
|                                    |   |                                 |                           | ☐ Schedule G, line                        |   |
| Numbe                              | er Street   | 2                               | 710.0                     | <del></del>                               |   |
| City                               |   | State                           | ZIP Code                  |   |   |
|                                    |   |                                 |                           |   |   |
| 3.2 Name                           |   |                                 |                           | Schedule D, line                          |   |
|                                    |   |                                 |                           | ☐ Schedule E/F, line ☐ Schedule G, line   |   |
| Numbe                              | er Street   |                                 |                           | — Ochequie O, III le                      | ·   |
| City                               | 51 Sudet  | State                           | ZIP Code                  |   |   |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1
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19-57730-mar Doc 1 Filed 12/18/19 Entered 12/18/19 17:18:38 Page 39 of 61

| Fill               | in this information to identify you  | our case:  |                                 |                                   |             |                |   |                       |  |                 |  |
|--------------------|--|--|---------------------------------|-----------------------------------|-------------|----------------|---|-----------------------|--|-----------------|--|
| Del                | otor 1 Marvin I  | Smoot  |                                 |                                   |             | _              |   |                       |  |                 |  |
|                    | otor 2 Katrice   | N. Smoot   |                                 |                                   |             | _              |   |                       |  |                 |  |
| Uni                | ted States Bankruptcy Court fo   | or the: EASTERN DISTRICT   | OF MICHIG                       | AN                                |             | _              |   |                       |  |                 |  |
|                    | se number<br>nown)   |  | -                               |                                   |             |                |   | ed filing<br>ent shov | wing postpetition<br>e following date: |                 |  |
| 0                  | fficial Form 106I  |  |                                 |                                   |             |                | MM / DD/ Y                              | YYYY                  |  |                 |  |
| S                  | chedule I: Your I  | ncome  |                                 |                                   |             |                | WINT DD, I                              |                       |  | 12/15           |  |
| sup<br>spo<br>atta | as complete and accurate as plying correct information. If use. If you are separated and the a separate sheet to this formation.  Describe Employn | you are married and not filing work is not filing work. On the top of any additi | ng jointly, a<br>ith you, do r  | nd your spous<br>not include info | e is<br>orn | s liv<br>natio | ing with you, incl<br>on about your spo | ude info<br>ouse. If  | ormation about<br>more space is        | your<br>needed, |  |
| 1.                 | Fill in your employment information.   |  | Debtor 1                        | Debtor 1                          |             |                |   |                       | Debtor 2 or non-filing spouse          |                 |  |
|                    | If you have more than one jo   | b, Employment status   | ■ Employ                        | ■ Employed                        |             |                |   | oyed                  |  |                 |  |
|                    | attach a separate page with information about additional   | Employment status  | ☐ Not em                        | ☐ Not employed                    |             |                |   | mploye                | d                                      |                 |  |
|                    | employers.   | Occupation   | Driver                          |                                   |             |                | Teache                                  | r Assi                | stant                                  |                 |  |
|                    | Include part-time, seasonal, self-employed work.   | Employer's name  | Merrit H                        | all                               |             |                | Felician Sisters Child Care centers     |                       |  |                 |  |
|                    | Occupation may include stude or homemaker, if it applies.  | lent Employer's address  | 1300 Bro<br>Ste 200<br>Detroit, | oadway<br>MI 48226                |             |                | 14200 Newburgh Rd.<br>Livonia, MI 48154 |                       |  |                 |  |
|                    |  | How long employed t  | here?                           | 3 months                          |             |                | 4                                       | l mont                | hs                                     |                 |  |
| Par                | t 2: Give Details About  | Monthly Income   |                                 |                                   |             |                |   |                       |  |                 |  |
|                    | mate monthly income as of tuse unless you are separated.   | he date you file this form. If   | you have no                     | thing to report fo                | or a        | any I          | ine, write \$0 in the                   | space.                | Include your no                        | n-filing        |  |
|                    | u or your non-filing spouse have space, attach a separate she  |  | ombine the ir                   | nformation for a                  | ll ei       | mplo           | oyers for that perso                    | on on th              | e lines below. If                      | you need        |  |
|                    |  |  |                                 |                                   |             |                | For Debtor 1                            |                       | Debtor 2 or<br>filing spouse           |                 |  |
| 2.                 |  | salary, and commissions (b<br>thly, calculate what the monthl                    |                                 |                                   | 2.          | \$             | 2,165.00                                | \$                    | 1,861.00                               |                 |  |
| 3.                 | Estimate and list monthly  | overtime pay.  |                                 | 3                                 | 3.          | +\$            | 0.00                                    | +\$                   | 0.00                                   |                 |  |
| 4.                 | Calculate gross Income. A  | dd line 2 + line 3.  |                                 | 4                                 | l.          | \$             | 2,165.00                                | \$                    | 1,861.00                               |                 |  |

Debtor 1 Marvin L. Smoot Katrice N. Smoot

Case number (if known)

|     |   |            | Fo        | r Debtor 1     |           | Debtor 2 or        |          |  |
|-----|---|------------|-----------|----------------|-----------|--------------------|----------|--|
|     | Conviling 4 hors  | 4.         | \$        | 2.465.00       | non<br>\$ | -filing spouse     |          |  |
|     | Copy line 4 here  | 4.         | Ψ_        | 2,165.00       | Ψ         | 1,861.00           |          |  |
| 5.  | List all payroll deductions:  |            |           |                |           |                    |          |  |
|     | 5a. Tax, Medicare, and Social Security deductions   | 5a.        | \$        | 404.00         | \$        | 298.00             |          |  |
|     | 5b. Mandatory contributions for retirement plans  | 5b.        | \$-       | 0.00           | \$_       | 0.00               |          |  |
|     | 5c. Voluntary contributions for retirement plans  | 5c.        | \$-       | 0.00           | \$-       | 0.00               |          |  |
|     | 5d. Required repayments of retirement fund loans  | 5d.        | \$        | 0.00           | \$_       | 0.00               |          |  |
|     | 5e. Insurance   | 5e.        | \$        | 0.00           | \$        | 0.00               |          |  |
|     | 5f. Domestic support obligations  | 5f.        | \$        | 0.00           | \$        | 0.00               |          |  |
|     | 5g. Union dues  | 5g.        | \$        | 0.00           | \$        | 0.00               |          |  |
|     | 5h. Other deductions. Specify:  | 5h.+       | \$        | 0.00           | - \$      | 0.00               |          |  |
| 6.  | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$        | 404.00         | \$        | 298.00             |          |  |
| 7.  | Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$_       | 1,761.00       | \$        | 1,563.00           |          |  |
| 8.  | List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |            |           |                |           |                    |          |  |
|     | monthly net income.   | 8a.        | \$_       | 0.00           | \$        | 0.00               |          |  |
|     | 8b. Interest and dividends  | 8b.        | \$_       | 0.00           | \$        | 0.00               |          |  |
|     | <ul> <li>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</li> <li>8d. Unemployment compensation</li> </ul>   | 8c.<br>8d. | \$_<br>\$ | 0.00           | \$        | 0.00               |          |  |
|     | 8e. Social Security   | 8e.        | \$<br>\$  | 0.00           | \$<br>    | 0.00               |          |  |
|     | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   | 8f.        | \$_       | 0.00           | \$        | 0.00               |          |  |
|     | 8g. Pension or retirement income  | 8g.        | \$_       | 0.00           | \$        | 0.00               |          |  |
|     | 8h. Other monthly income. Specify:  | 8h.+       | \$_       | 0.00           | - »       | 0.00               |          |  |
| 9.  | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$        | 0.00           | \$        | 0.00               |          |  |
| 10. | Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$     |           | 1,761.00 + \$_ | 1,5       | <b>563.00</b> = \$ | 3,324.00 |  |
| 11. | I. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00 |            |           |                |           |                    |          |  |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The resulting Write that amount on the Summary of Schedules and Statistical Summary of Certain applies   |            |           |                |           |                    | 3,324.00 |  |
| 13. | Do you expect an increase or decrease within the year after you file this form  No.   | ?          |           |                |           | monthly            | income   |  |
|     | Yes. Explain:   |            |           |                |           |                    |          |  |
|     |   |            |           |                |           |                    |          |  |

|       | . th's 's (s                  | Cara ta Salara Consu                  |                |   |  | 1            |                                   |   |
|-------|-------------------------------|---------------------------------------|----------------|---|--|--------------|-----------------------------------|---|
|       |                               | ition to identify yo                  |                |   |  |              |                                   |   |
| Debt  | tor 1                         | Marvin L. Sn                          | noot           |   |  | Che<br>□     | ck if this is:  An amended filing |   |
| Debt  | tor 2<br>buse, if filing)     | Katrice N. Sı                         | moot           |   |  |              | J                                 | wing postpetition chapter the following date: |
| Unite | ed States Bankı               | ruptcy Court for the                  | : EASTE        | RN DISTRICT OF MICHIG   | ian                                    |              | MM / DD / YYYY                    |   |
|       | e number<br>nown)             |                                       |                |   |  |              |                                   |   |
|       |                               | rm 106J                               |                |   |  |              |                                   |   |
|       |                               | J: Your                               |                |   | o filing together b                    | oth are equ  | ally roonancible fo               | 12/15   |
| info  | rmation. If m                 |                                       | eded, atta     | . If two married people ar<br>ch another sheet to this i<br>n.            |  |              |                                   |   |
| Part  |                               | ribe Your House                       | hold           |   |  |              |                                   |   |
| 1.    | Is this a joir                |                                       |                |   |  |              |                                   |   |
|       | □ No. Go to                   | o line 2.<br>es Debtor 2 live i       | in a senar     | ate household?  |  |              |                                   |   |
|       | = 1es. <b>Doe</b>             |                                       | iii a sepai    | ate nousenoid:  |  |              |                                   |   |
|       |                               | -                                     | st file Offici | al Form 106J-2, <i>Expenses</i>   | for Separate House                     | ehold of Deb | otor 2.                           |   |
| 2.    | Do you hav                    | e dependents?                         | ■ No           |   |  |              |                                   |   |
|       | Do not list D<br>Debtor 2.    | ebtor 1 and                           | ☐ Yes.         | Fill out this information for each dependent                              | Dependent's relat<br>Debtor 1 or Debto |              | Dependent's age                   | Does dependent live with you?                 |
|       | Do not state                  | the                                   |                |   |  |              |                                   | □ No  |
|       | dependents                    | names.                                |                |   |  |              |                                   | ☐ Yes   |
|       |                               |                                       |                |   |  |              |                                   | □ No<br>□ Yes                                 |
|       |                               |                                       |                |   |  |              |                                   | □ No  |
|       |                               |                                       |                |   |  |              |                                   | ☐ Yes   |
|       |                               |                                       |                |   |  |              |                                   | □ No  |
| 3.    | Do your exi                   | oenses include                        | _              |   |  |              |                                   | ☐ Yes   |
| 0.    | expenses o                    | f people other t                      | han ┌          | No<br>Yes   |  |              |                                   |   |
|       | yourself an                   | d your depende                        | nts? □         | 165   |  |              |                                   |   |
| exp   | mate your ex                  |                                       | our bankrı     | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |              |                                   |   |
|       |                               |                                       |                | government assistance it  |  |              |                                   |   |
|       | value of suc<br>icial Form 10 |                                       | d have inc     | cluded it on Schedule I: Y  | our Income                             |              | Your exp                          | enses   |
| 4.    |                               | or home owners<br>and any rent for th |                | ses for your residence. In  | nclude first mortgage                  | e<br>4. :    | \$                                | 650.00  |
|       | If not include                | led in line 4:                        |                |   |  |              |                                   |   |
|       | 4a. Real                      | estate taxes                          |                |   |  | 4a.          | \$                                | 0.00  |
|       | 4b. Prope                     | rty, homeowner's                      |                |   |  | 4b.          | <b></b>                           | 0.00  |
|       |                               |                                       |                | upkeep expenses   |  | 4c.          |                                   | 0.00  |
| 5.    |                               | owner's associat                      |                | oominium dues<br>our residence, such as ho                                | me equity loans                        | 4d. 5        | ·                                 | 0.00<br>0.00                                  |

Official Form 106J Schedule J: Your Expenses 19-57730-mar Doc 1 Filed 12/18/19 Entered 12/18/19 17:18:38 Page 42 of 61

Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: Debtors plan on obtaining another vehicle

page 2

| Fill in this inform | mation to identify your                          | 2000                     |               |             |                            |   |   |
|---------------------|--|--------------------------|---------------|-------------|----------------------------|---|---|
| Fill in this infor  |  | .ase.                    |               |             |                            |   |   |
| Debtor 1            | Marvin L. Smoot First Name                       | Middle Name              | Lac           | t Name      |                            |   |   |
| Debtor 2            | Katrice N. Smoot                                 | Middle Name              | Las           | t ivaille   |                            |   |   |
| (Spouse if, filing) | First Name                                       | Middle Name              | Las           | t Name      |                            |   |   |
| United States Ba    | inkruptcy Court for the:                         | EASTERN DISTRICT         | OF MICHIGA    | N           |                            |   |   |
| Case number         |  |                          |               |             |                            |   |   |
| (if known)          |  |                          |               |             |                            | ☐ Check if this is an   |   |
|                     |  |                          |               |             |                            | amended filing  |   |
| Official Form       | <sub>n 106Dec</sub><br>ion About a               | n Individua              | l Debte       | or's        | Schedules                  | 12/15   |   |
| Doorarat            | - Toll / Notal a                                 |                          | . Dobt        | <del></del> | Compagnes                  | 12/13   | _ |
| · ·                 | 8 U.S.C. §§ 152, 1341, 1<br>n Below              | 519, and 3571.           |               |             |                            |   |   |
| Did you pa          | y or agree to pay some                           | one who is NOT an atto   | orney to help | you fil     | l out bankruptcy forms?    |   |   |
| ■ No                |  |                          |               |             |                            |   |   |
| ☐ Yes. N            | Name of person                                   |                          |               |             |                            | nkruptcy Petition Preparer's Notice,<br>on, and Signature (Official Form 119) |   |
|                     | Ity of perjury, I declare<br>e true and correct. | that I have read the sui | mmary and s   | chedul      | es filed with this declara | tion and  |   |
| X /s/ Mar           | vin L. Smoot                                     |                          | х             | /s/ Ka      | trice N. Smoot             |   |   |
| Marvin              | L. Smoot   |                          | <del></del>   | Katrio      | ce N. Smoot                |   |   |
| Signatui            | re of Debtor 1                                   |                          |               | Signat      | ure of Debtor 2            |   |   |
| Date _[             | December 18, 2019                                |                          |               | Date        | December 18, 2019          |   | _ |
|                     |  |                          |               |             |                            |   |   |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Eil               | l in this inform         | nation to identify you                    | r 0000  |   |   |   |
|-------------------|--------------------------|---|---|---|---|---|
|                   | btor 1                   | nation to identify you<br>Marvin L. Smoot |   |   |   |   |
| De                | DIOI I                   | First Name                                | Middle Name   | Last Name   |   |   |
| 1 -               | btor 2                   | Katrice N. Smoo                           | ·   | LastName  |   |   |
|                   | ouse if, filing)         | First Name                                | Middle Name   | Last Name   |   |   |
| Un                | ited States Bar          | nkruptcy Court for the:                   | EASTERN DISTRICT O  | F MICHIGAN  |   |   |
|                   | se number                |   |   |   |   | Check if this is an amended filing                    |
|                   | fficial Fo               |   | Affairs for Indivi  | duals Filing for                                      | Bankruptcy  | 4/19  |
| info              | ormation. If m           |   | attach a separate sheet to  |   | re equally responsible for s<br>any additional pages, write y |   |
| Pa                | rt 1: Give D             | Details About Your Ma                     | rital Status and Where Yo   | u Lived Before  |   |   |
| 1.                | What is you              | r current marital statu                   | ıs?   |   |   |   |
|                   | ■ Married                |   |   |   |   |   |
|                   | □ Not mar                |   |   |   |   |   |
| 2.                | During the la            | ast 3 years, have you                     | lived anywhere other than   | where you live now?                                   |   |   |
|                   | _                        | , , , , , , , ,                           |   |   |   |   |
|                   | □ No ■ Yes Lis           | at all of the places you l                | ived in the last 3 years. Do r  | not include where you live n                          | OW.   |   |
|                   |                          | ior Address:                              | Dates Debtor 1  | •   |   | Dates Debtor 2  |
|                   | Deptor 1 Pr              | ior Address:                              | lived there   | Deptor 2 Prior  | Address:  | lived there   |
|                   | 14601 Ken<br>Detroit, MI |   | From-To:<br><b>March 2017 t</b><br><b>August 2017</b>                                   | Same as Debt  | or 1  | Same as Debtor 1 From-To:                             |
|                   | Columbus                 | s, OH                                     | From-To: December 20 to March 201   | · · •   | or 1  | Same as Debtor 1 From-To:                             |
| <b>3.</b><br>stat |                          |   |   |   | unity property state or territorico, Texas, Washington and    |   |
|                   | _                        | ake sure you fill out Sch                 | nedule H: Your Codebtors (C   | Official Form 106H).                                  |   |   |
| D.                | rt O Evalet              | n the Courses of V                        | r Incomo  |   |   |   |
| Pa                | rt 2 Explai              | n the Sources of You                      | rincome   |   |   |   |
| 4.                | Fill in the tota         | al amount of income yo                    | nployment or from operati<br>u received from all jobs and<br>have income that you recei | all businesses, including pa                          |   | lendar years?   |
|                   | □ No                     |   |   |   |   |   |
|                   | Yes. Fill                | in the details.                           |   |   |   |   |
|                   |                          |   | Debtor 1  |   | Debtor 2  |   |
|                   |                          |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                    | Gross income<br>(before deductions<br>and exclusions) |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

ciusions)

|  |                             |                                |   | Debtor 1   | Debtor 1                                 |   |                                      |                                   |   |
|--|-----------------------------|--------------------------------|---|--|--|---|--------------------------------------|-----------------------------------|---|
|  |                             |                                |   | Sources of income<br>Check all that apply.   | (befo                                    | s income<br>re deductions and<br>sions)                     | Sources of in<br>Check all that      |                                   | Gross income<br>(before deductions<br>and exclusions) |
|  |                             | y 1 of currei<br>filed for bar |   | ■ Wages, commissions, bonuses, tips  |  | \$18,235.00   | ■ Wages, co                          | mmissions,                        | \$6,245.00  |
|  |                             |                                |   | ☐ Operating a business   |  |   | ☐ Operating                          | a business                        |   |
|  | r last calei<br>anuary 1 to | ndar year:<br>December         | 31, 2018 )  | ■ Wages, commissions, bonuses, tips  |  |   | ■ Wages, co                          | mmissions,                        | \$6,039.00  |
|  |                             |                                |   | ☐ Operating a business   |  |   | ☐ Operating                          | a business                        |   |
|  |                             | dar year be<br>December        |   | ■ Wages, commissions, bonuses, tips  |  | \$7,109.00  | ■ Wages, co                          | mmissions,                        | \$3,786.00  |
|  |                             |                                |   | ☐ Operating a business   |  |   | ☐ Operating                          | a business                        |   |
| <ul> <li>Did you receive any other income during this year or the two previous calendar years?         Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemplo and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and I winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.     </li> <li>List each source and the gross income from each source separately. Do not include income that you listed in line 4.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |                             |                                |   |  |  |   |                                      |                                   |   |
|  |                             |                                |   | Debtor 1   |  |   | Debtor 2                             |                                   |   |
|  |                             |                                |   | Sources of income<br>Describe below.   | each<br>(befo                            | s income from<br>source<br>re deductions and<br>sions)      | Sources of ir<br>Describe belo       |                                   | Gross income<br>(before deductions<br>and exclusions) |
| Pa   | rt 3: Lis                   | t Certain Pa                   | yments You  | Made Before You Filed for  | Bankrup                                  | otcy  |                                      |                                   |   |
| 6.   | Are eithe ☐ No.             | Neither De                     | ebtor 1 nor D                                       | s debts primarily consume<br>ebtor 2 has primarily cons<br>personal, family, or househo  | umer del                                 | bts. Consumer deb   | <i>t</i> s are defined in '          | I1 U.S.C. § 10                    | 1(8) as "incurred by an                               |
|  |                             | □ No. □ Yes                    | Go to line 7 List below e paid that cre not include | re you filed for bankruptcy, do  ach creditor to whom you pa editor. Do not include payme payments to an attorney for to on 4/01/22 and every 3 year | aid a total<br>ents for do<br>this banki | of \$6,825* or more<br>mestic support obli-<br>ruptcy case. | in one or more p<br>gations, such as | ayments and tl<br>child support a | ınd alimony. Also, do                                 |
|  | Yes.                        |                                |   | r both have primarily constreeyou filed for bankruptcy, d  |  |   | al of \$600 or more                  | ∍?                                |   |
|  |                             | □ No.<br>■ Yes                 | include pay   | ach creditor to whom you pa<br>ments for domestic support o<br>this bankruptcy case.   |  |   |                                      |                                   |   |
|  | Creditor                    | 's Name and                    | d Address   | Dates of payme   | ent                                      | Total amount paid   | Amount you still owe                 | Was this p                        | payment for   |
|  |                             |                                |   |  |  | p 2 2   | 2.111.2.2.0                          |                                   |   |

Check all that apply and fill in the details below.

■ No. Go to line 11.

man to the state

| Yes. Fill in the information below. |  |          |                       |
|-------------------------------------|--|----------|-----------------------|
| Creditor Name and Address           | Describe the Property                      | Date     | Value of the property |
|                                     | Explain what happened                      |          | ,                     |
| Check Smart                         | Dec 2019                                   | \$177.00 |                       |
|                                     | ☐ Property was repossessed.                |          |                       |
|                                     | ☐ Property was foreclosed.                 |          |                       |
|                                     | Property was garnished.                    |          |                       |
|                                     | ☐ Property was attached, seized or levied. |          |                       |
|                                     |  |          |                       |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

|     | btor 1 Marvin L. Smoot kbtor 2 Katrice N. Smoot   | Case number (if known)   |  |  |  |
|-----|---|--|--|--|--|
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  Yes. Fill in the details.           |  |  |  |  |
|     | Creditor Name and Address   | Describe the action the creditor took  | Date action was Amount taken                 |  |  |
| 12. | <ul> <li>Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</li> <li>No</li> <li>Yes</li> </ul> |  |  |  |  |
| Par | Itt 5: List Certain Gifts and Contributions   |  |  |  |  |
| 13. | ■ No □ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600   | otcy, did you give any gifts with a total value of more the  | Dates you gave Value                         |  |  |
|     | per person  Person to Whom You Gave the Gift and Address:   |  | the gifts                                    |  |  |
| 14. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift or co   | otcy, did you give any gifts or contributions with a total   | value of more than \$600 to any charity?     |  |  |
|     | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)  | tal Describe what you contributed  | Dates you Value contributed                  |  |  |
| Par | rt 6: List Certain Losses   |  |  |  |  |
| 15. | Within 1 year before you filed for bankrup or gambling?  No Yes. Fill in the details.   | tcy or since you filed for bankruptcy, did you lose anyth  | ning because of theft, fire, other disaster, |  |  |
|     | how the loss occurred   | Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss Value of property lost     |  |  |
| Par | rt 7: List Certain Payments or Transfers  |  |  |  |  |
| 16. | consulted about seeking bankruptcy or p   | tcy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? eparers, or credit counseling agencies for services required         |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo  | Description and value of any property transferred  | Date payment Amount of or transfer was made  |  |  |
|     | John A. Steinberger & Associates P<br>17515 West Nine Mile Rd.<br>Suite 420<br>Southfield, MI 48075<br>john@steinbergerlaw.com  | C. Attorney Fees   | 11/2019 \$100.00                             |  |  |

Official Form 107

| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li  No  | or to make payments                                       |                           |                 | r transfer any proper                               | ty to anyone who                              |
|-----|--|---|---------------------------|-----------------|---|---|
|     | Yes. Fill in the details.  |   |                           |                 |   |   |
|     | Person Who Was Paid<br>Address   | Description and va<br>transferred                         | alue of any prop          | erty            | Date payment or transfer was made                   | Amount of payment                             |
| 40  | Within 2 years hefers you filed for health unter   | , did vou cell trede e                                    | . athamuiaa tuan          | ofor only prope | autu ta anuana athau                                | than muanautu                                 |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already I No  Yes Fill in the details         | siness or financial affai<br>e as security (such as th    | rs?                       |                 |   |   |
|     |  |   |                           |                 |   |   |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you  | Description and va<br>property transferre                 |                           |                 | any property or<br>received or debts<br>change      | Date transfer was made                        |
|     | reison's relationship to you   |   |                           |                 |   |   |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No  Yes Fill in the details |   |                           |                 |   |   |
|     |  | Description and us  |                           |                 | !   | Data Transfer                                 |
|     | Name of trust  | Description and va  | liue of the prope         | erty transferre | ea  | Date Transfer was made                        |
| Par | 8: List of Certain Financial Accounts, Instr   | uments, Safe Deposit                                      | Boxes, and Sto            | rage Units      |   |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa  No Yes. Fill in the details.                                      | other financial accoun                                    | ts; certificates o        | of deposit; sh  |   |   |
|     |  | ast 4 digits of account number                            | Type of accour instrument | clo<br>mo       | te account was<br>sed, sold,<br>ved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 yea  | ar before you filed for                                   | bankruptcy, any           | / safe deposit  | box or other deposit                                | ory for securities,                           |
|     | ■ No<br>□ Yes. Fill in the details.  |   |                           |                 |   |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acce<br>Address (Number, State and ZIP Code) |                           | Describe the o  | contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  | place other than your                                     | home within 1 y           | ear before yo   | u filed for bankruptcy                              | /?  |
|     | ■ No   |   |                           |                 |   |   |
|     | Yes. Fill in the details.  |   |                           |                 |   |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or hat to it? Address (Number, Str           |                           | Describe the o  | contents  | Do you still have it?                         |
|     |  | State and ZIP Code)                                       |                           |                 |   |   |

Debtor 1 Marvin L. Smoot Debtor 2 Katrice N. Smoot

Case number (if known)

| Par | t 9: Identify Property You Hold or Control for   | Someone Else  |                                       |                       |  |  |  |
|-----|--|---|---------------------------------------|-----------------------|--|--|--|
| 23. | 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.   |   |                                       |                       |  |  |  |
|     | ■ No   |   |                                       |                       |  |  |  |
|     | Yes. Fill in the details.  |   |                                       |                       |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                 | Value                 |  |  |  |
| Par | t 10: Give Details About Environmental Information   | ation   |                                       |                       |  |  |  |
| For | the purpose of Part 10, the following definitions  | apply:  |                                       |                       |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these substances. | ir, land, soil, surface water, ground                                     | - ·                                   |                       |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   |   | law, whether you now own, operate,    | or utilize it or used |  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s  |   | s waste, hazardous substance, toxic   | substance,            |  |  |  |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of whe  | n they occurred.                      |                       |  |  |  |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable                                     | under or in violation of an environm  | ental law?            |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                       |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State an ZIP Code)       | Environmental law, if you know it     | Date of notice        |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?  |   |                                       |                       |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                       |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice        |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.                          |   |                                       |                       |  |  |  |
|     | ■ No   |   |                                       |                       |  |  |  |
|     | Yes. Fill in the details.  |   |                                       |                       |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                    | Status of the case    |  |  |  |
| Par | t 11: Give Details About Your Business or Con  | nections to Any Business  |                                       |                       |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, o  | did you own a business or have ar   | ny of the following connections to an | v business?           |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |   |                                       |                       |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |   |                                       |                       |  |  |  |
|     | ☐ A partner in a partnership   |   |                                       |                       |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |   |                                       |                       |  |  |  |
|     | ☐ An owner of at least 5% of the voting or   | equity securities of a corporation  |                                       |                       |  |  |  |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Marvin L. Smoot
Debtor 2 Katrice N. Smoot

Case number (if known)

■ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed **Dynamic Duo Cleaners Cleaning Company - Never did** EIN: 10009 North 66th Lane **business** From-To 2015 to 2016 Glendale, AZ 85302 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

■ No
□ Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

| Debtor 1 Debtor 2 Marvin L. Smoot Katrice N. Smoot |   | Case number (if known)  |
|--|---|---|
| Part 12: Sign Below                                |   |   |
|  | a false statement, concealing property    | and I declare under penalty of perjury that the answers<br>y, or obtaining money or property by fraud in connection<br>20 years, or both. |
| /s/ Marvin L. Smoot                                | /s/ Katrice N. Smoot                      |   |
| Marvin L. Smoot                                    | Katrice N. Smoot                          |   |
| Signature of Debtor 1                              | Signature of Debtor 2                     |   |
| Date December 18, 2019                             | Date December 18, 20                      | 19  |
| Did you attach additional pages to Your Stater     | nent of Financial Affairs for Individuals | Filing for Bankruptcy (Official Form 107)?  |
| ■ No   |   |   |
| □Yes   |   |   |
| Did you pay or agree to pay someone who is n       | ot an attorney to help you fill out bank  | ruptcy forms?   |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

### United States Bankruptcy Court Eastern District of Michigan

|                 | Eastern District of Michigan  |                              |                                 |                           |    |
|-----------------|---|------------------------------|---------------------------------|---------------------------|----|
|                 | in L. Smoot<br>ce N. Smoot  | Case No.                     |                                 |                           |    |
| Natri           | Debtor(s)   | Chapter Chapter              | 7                               |                           | _  |
|                 |   |                              |                                 |                           |    |
|                 | STATEMENT OF ATTORNEY FOR DEBTOR(S<br>PURSUANT TO F.R.BANKR.P. 2016(b)  | )                            |                                 |                           |    |
| The u           | ndersigned, pursuant to F.R.Bankr.P. 2016(b), states that:  |                              |                                 |                           |    |
| The u           | ndersigned is the attorney for the Debtor(s) in this case.  |                              |                                 |                           |    |
| The co          | ompensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check  | one]                         |                                 |                           |    |
| [ <b>X</b> ]    | FLAT FEE  |                              |                                 |                           |    |
| A.              | For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid  | _                            |                                 |                           |    |
| D               |   |                              | 1,040.00                        |                           |    |
| В.<br>С.        | Prior to filing this statement, received  |                              | 100.00<br>940.00                |                           |    |
|                 | The unpaid balance due and payable is   | •                            | 940.00                          |                           |    |
| [ ]<br>A.       | Amount of retainer received   |                              |                                 |                           |    |
| 71.             | Amount of retainer received   |                              |                                 |                           |    |
| B.              | The undersigned shall bill against the retainer at an hourly rate of \$ [Or at agreed to pay all Court approved fees and expenses exceeding the amount of the   |                              | urly rate schedu                | ale.] Debtor(s) ha        | V  |
| \$ <u>0.</u>    | <b>00</b> of the filing fee has been paid.  |                              |                                 |                           |    |
|                 | arn for the above-disclosed fee, I have agreed to render legal service for all aspects of o not apply.]   | the bankrupt                 | cy case, includ                 | ling: [Cross out ar       | ıy |
| A.              | Analysis of the debtor's financial situation, and rendering advice to the debtor in o   | letermining v                | whether to file                 | a petition in             |    |
| B.              | bankruptcy; Preparation and filing of any petition, schedules, statement of affairs and plan wh   | ich may be re                | equired:                        |                           |    |
| C.              | Representation of the debtor at the meeting of creditors and confirmation hearing.  |                              |                                 | s thereof;                |    |
| <del>D.</del> — | Representation of the debtor in adversary proceedings and other contested bankru  | ptcy matters                 | ÷                               |                           |    |
| <del>E.</del> — | — Reaffirmations; — Redemptions;  |                              |                                 |                           |    |
| G.              | Other:  |                              |                                 |                           |    |
|                 | All terms of the retainer agreement between Debtor and Attorney are incorporated into this statement. The legal services includes the costs paid for credit reports, credit counseling and debtor education.  |                              |                                 |                           |    |
|                 | The client(s) agrees to pay the following additional charges if applica   | ıble:                        |                                 |                           |    |
|                 | <ol> <li>Failure to attend the creditors meeting or attendance at adjourned</li> <li>Amendment to the petition, including addition of creditors \$150.0</li> <li>Supplying Additional copy of Petition \$50.00</li> <li>Retrieving documents from closed files \$30.00</li> </ol>   |                              | \$250.00                        |                           |    |
|                 | <ul> <li>5. Appearance at show cause hearing for failure to pay the filing fee</li> <li>6 Garnishments: The client agrees to pay 50% of any prepetition garraddition to fee noted above.</li> </ul>   |                              | nds recovere                    | d if any in               |    |
|                 | Services rendered subsequent to the 341 hearing will be billed at the already referred to in the above additional charges. These include by Motions, Requests by the Trustee or creditors for additional docume objections or other legal work. The attorney may require an advance | ut are not li<br>nts followi | imited to resp<br>ng the 341 he | ponses to earing, Trustee | S  |

Debtor(s)' earnings, wages, compensation for services performed

Representation of the debtors in any dischargeability actions, adversary proceedings, judicial lien

By agreement with the debtor(s), the above-disclosed fee does not include the following services:

The source of payments to the undersigned was from:

XX

A. B. avoidances, relief from stay actions or any other adversary proceeding.

Other (describe, including the identity of payor)

5.

6.

The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or

Marvin L. Smoot

Marvin L. Smoot

Debtor

75/ Katrice N. Smoot

Katrice N. Smoot

Debtor

7.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# **United States Bankruptcy Court Eastern District of Michigan**

| In re  | Marvin L. Smoot<br>Katrice N. Smoot |   | Case No.                                |
|--------|-------------------------------------|---|---|
|        |                                     | Debtor(s)                                       | Chapter 7                               |
|        | VER                                 | IFICATION OF CREDITOR                           | R MATRIX                                |
|        |                                     |   |   |
| Γhe ab | ove-named Debtors hereby verify t   | that the attached list of creditors is true and | correct to the best of their knowledge. |
| Date:  | December 18, 2019                   | /s/ Marvin L. Smoot                             |   |
|        |                                     | Marvin L. Smoot                                 |   |
|        |                                     | Signature of Debtor                             |   |
| Date:  | December 18, 2019                   | /s/ Katrice N. Smoot                            |   |
|        |                                     | Katrice N. Smoot                                |   |
|        |                                     | Signature of Debtor                             |   |

Aarons Rental Chris Hawkins Great Lakes Specialty Fi PO Box 100039 8273 Manor 7824 Wyoming Ave. Kennesaw, GA 30156 Detroit, MI 48204 Dearborn, MI 48126

Ad Astra Rec Chris Hawkins Healthcare Coll I Llc 7330 W 33rd Street North 2432 W Peoria Ave Wichita, KS 67205

Phoenix, AZ 85029

Ad Astra Recovery Serv Contract Callers Inc. IC System
7330 W 33rd Street North 501 Greene Street PO Box 64437
Wichita, KS 67205 3rd Floor Ste 302 Saint Paul, MN 55164
Augusta, GA 30901

B Lester Law Firm Convergent Outsourcing Jefferson Capital Syst 16042 North 32th St Ste Po Box 9004 16 Mcleland Rd Phoenix, AZ 85032 Renton, WA 98057 Saint Cloud, MN 56303

Bureau Of Med Econcs Crest Financial Law Office of Mark Helde 326 E Coronado Rd 61 West 13490 South 2222 S. Dobson Rd. Phoenix, AZ 85004 Salt Lake City, UT 84020 Ste 402 Mesa, AZ 85202

Capital One Diversified Consultants Mid Atlantic Finance C P.O. Box 60000 PO Box 1391 15201 Roosevelt Blvd Seattle, WA 98190-6000 Southgate, MI 48195 Clearwater, FL 33762

Chase Bank DTE MRS Associates Inc. of NJ Mail Code OH1-1272 One Energy Plaza 1930 Olney Avenue 340 S. Cleveland Ave.Bldg 370 Attn: Bankruptcy Dept. Cherry Hill, NJ 08003 Westerville, OH 43081 Room 2160
Detroit, N

Detroit, MI 48226

Check Mate Phoenix, AZ 85016

Check Mate Fed Loan Serv Ncb Management Service Account Receivables Pob 60610 1 Allied Drive PO Box 45208 Harrisburg, PA 17106 Trevose, PA 19053

Check N Go GC Services Pac Auto Finance 8750 East 8 Mile 6330 Gufton 7927 S. High Point Pkwy Detroit, MI 48234 Houston, TX 77081 Sandy, UT 84094

Checkmate General Revenue Corp. Plaza Servic 4660 Duke 110 Hammond Dr. Phoenix, AZ 85069 Ste. 300 Atlanta, GA 3 Mason, OH 45040 Ste. 300 Atlanta, GA 30328 Mason, OH 45040

110 Hammond Drive Suite 1

Santander PO Box 961245 Fort Worth, TX 76161

Seidberg Law Offices 2412 East Campbell Avenue PO Box 7290 Phoenix, AZ 85011

Southwest Diagnostic Imaging 2323 W Rose Garden LN Phoenix, AZ 85027

Synergetis Communications Inc. 5450 N. W. Central #220 Houston, TX 77092

Telecom Self-reported Po Box 4500 Allen, TX 75013

TRS Recovery
P.O. Box 60022
City Of Industry, CA 91716

Utility Self-reported Po Box 4500 Allen, TX 75013

Webbank/fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303